09/148234

PCT WORLD INTELLECTUAL PROPERTY ORGANIZATION
International Bureau

INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 6 :
C12N 15/12, 15/16, A61K 48/00, 38/39, C07K 14/47, A61L 27/00

A2

(11) International Publication Number: **WO 95/22611**

(43) International Publication Date: 24 August 1995 (24.08.95)

(21) International Application Number: PCT/US95/02251

(22) International Filing Date: 21 February 1995 (21.02.95)

(30) Priority Data:

08/199,780	18 February 1994 (18.02.94)	US
08/316,650	30 September 1994 (30.09.94)	US

(71) Applicant: THE REGENTS OF THE UNIVERSITY OF MICHIGAN [US/US]; Wolverine Tower, Room 2071, 3003 South State Street, Ann Arbor, MI 48109-1280 (US).

(74) Agent: PARKER, David, L.; Arnold, White & Durkee, P.O. Box 4433, Houston, TX 77210 (US).

(81) Designated States: AM, AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, JP, KE, KG, KP, KR, KZ, LK, LR, LT, LU, LV, MD, MG, MN, MW, MX, NL, NO, NZ, PL, PT, RO, RU, SD, SE, SI, SK, TJ, TT, UA, UG, UZ, VN, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG), ARIPO patent (KE, MW, SD, SZ, UG).

Published

Without international search report and to be republished upon receipt of that report.

(54) Title: METHODS AND COMPOSITIONS FOR STIMULATING BONE CELLS

(57) **Abstract**

Disclosed are methods, compositions, kits and devices for use in transferring nucleic acids into bone cells *in situ* and/or for stimulating bone progenitor cells. Type II collagen and, particularly, osteotropic genes, are shown to stimulate bone progenitor cells and to promote bone growth, repair and regeneration *in vivo*. Gene transfer protocols are disclosed for use in transferring various nucleic acid materials into bone, as may be used in treating various bone-related diseases and defects including fractures, osteoporosis, osteogenesis, imperfecta and in connection with bone implants.

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AT	Austria	**GB**	United Kingdom	**MR**	Mauritania
AU	Australia	**GE**	Georgia	**MW**	Malawi
BB	Barbados	**GN**	Guinea	**NE**	Niger
BE	Belgium	**GR**	Greece	**NL**	Netherlands
BF	Burkina Faso	**HU**	Hungary	**NO**	Norway
BG	Bulgaria	**IE**	Ireland	**NZ**	New Zealand
BJ	Benin	**IT**	Italy	**PL**	Poland
BR	Brazil	**JP**	Japan	**PT**	Portugal
BY	Belarus	**KE**	Kenya	**RO**	Romania
CA	Canada	**KG**	Kyrgystan	**RU**	Russian Federation
CF	Central African Republic	**KP**	Democratic People's Republic of Korea	**SD**	Sudan
CG	Congo			**SE**	Sweden
CH	Switzerland	**KR**	Republic of Korea	**SI**	Slovenia
CI	Côte d'Ivoire	**KZ**	Kazakhstan	**SK**	Slovakia
CM	Cameroon	**LI**	Liechtenstein	**SN**	Senegal
CN	China	**LK**	Sri Lanka	**TD**	Chad
CS	Czechoslovakia	**LU**	Luxembourg	**TG**	Togo
CZ	Czech Republic	**LV**	Latvia	**TJ**	Tajikistan
DE	Germany	**MC**	Monaco	**TT**	Trinidad and Tobago
DK	Denmark	**MD**	Republic of Moldova	**UA**	Ukraine
ES	Spain	**MG**	Madagascar	**US**	United States of America
FI	Finland	**ML**	Mali	**UZ**	Uzbekistan
FR	France	**MN**	Mongolia	**VN**	Viet Nam
GA	Gabon				

DESCRIPTION

Methods and Compositions for Stimulating Bone Cells

The present application is a continuation-in-part of U.S. Serial Number 08/316,650, filed September 30, 1994; which is a continuation-in-part of U.S. Serial Number 08/199,780, filed February 18, 1994; the entire text and figures of which disclosures are specifically incorporated herein by reference without disclaimer. The United States government has certain rights in the present invention pursuant to Grant HL-41926 from the National Institutes of Health.

1. Field of the Invention

The present invention relates generally to the field of bone cells and tissues. More particularly, certain embodiments concern the transfer of genetic material into bone and other embodiments concern type II collagen. In certain examples, the invention concerns the use of type II collagen and nucleic acids to stimulate bone growth, repair and regeneration. Methods, compositions, kits and devices are provided for transferring an osteotropic gene into bone progenitor cells, which is shown to stimulate progenitor cells and to promote increased bone formation *in vivo*.

2. Description of the Related Art

Defects in the process of bone repair and regeneration are linked to the development of several human diseases and disorders, *e.g.*, osteoporosis and osteogenesis imperfecta. Failure of the bone repair mechanism is, of course, also associated with significant complications in clinical orthopaedic practice, for example, fibrous non-union following bone fracture,

implant interface failures and large allograft failures. The lives of many individuals would be improved by the development of new therapies designed to stimulate and strengthen the fracture repair process.

Naturally, any new technique to stimulate bone repair would be a valuable tool in treating bone fractures. A significant portion of fractured bones are still treated by casting, allowing natural mechanisms to effect wound repair. Although there have been advances in fracture treatment in recent years, including improved devices, the development of new processes to stimulate, or complement, the wound repair mechanisms would represent significant progress in this area.

A very significant patient population that would benefit from new therapies designed to promote fracture repair, or even prevent or lessen fractures, are those patients suffering from osteoporosis. The term osteoporosis refers to a heterogeneous group of disorders characterized by decreased bone mass and fractures. Clinically, osteoporosis is segregated into type I and type II. Type I osteoporosis occurs predominantly in middle aged women and is associated with estrogen loss at the menopause, while osteoporosis type II is associated with advancing age.

An estimated 20-25 million people are at increased risk for fracture because of site-specific bone loss. The cost of treating osteoporosis in the United States is currently estimated to be in the order of $10 billion per year. Demographic trends, *i.e.*, the gradually increasing age of the US population, suggest that these costs may increase 2-3 fold by the year 2020 if a safe and

effective treatment is not found.

The major focus of current therapies for osteoporosis is fracture prevention, not fracture repair. This is an important consideration, as it is known that significant morbidity and mortality are associated with prolonged bed rest in the elderly, especially those who have suffered hip fracture. New methods are clearly needed for stimulating fracture repair, thus restoring mobility in these patients before the complications arise.

Osteogenesis imperfecta (OI) refers to a group of inherited connective tissue diseases characterized by bone and soft connective tissue fragility (Byers and Steiner, 1992; Prockop, 1990). Males and females are affected equally, and the overall incidence is currently estimated to be 1 in 5,000-14,000 live births. Hearing loss, dentinogenesis imperfecta, respiratory insufficiency, severe scoliosis and emphysema are just some of the conditions that are associated with one or more types of OI. While accurate estimates of the health care costs are not available, the morbidity and mortality associated with OI certainly result from the extreme propensity to fracture (OI types I-IV) and the deformation of abnormal bone following fracture repair (OI types II-IV) (Bonadio and Goldstein, 1993). The most relevant issue with OI treatment is to develop new methods by which to improve fracture repair and thus to improve the quality of life of these patients.

The techniques of bone reconstruction, such as is used to reconstruct defects occurring as a result of trauma, cancer surgery or errors in development, would also be improved by new methods to promote bone repair. Reconstructive methods currently employed, such as using autologous bone grafts, or bone grafts with attached soft

tissue and blood vessels, are associated with significant drawbacks of both cost and difficulty. For example, harvesting a useful amount of autologous bone is not easily achieved, and even autologous grafts often become infected or suffer from resorption.

The process of bone repair and regeneration resembles the process of wound healing in other tissues. A typical sequence of events includes; hemorrhage; clot formation; dissolution of the clot with concurrent removal of damaged tissues; ingrowth of granulation tissue; formation of cartilage; capillary ingrowth and cartilage turnover; rapid bone formation (callus tissue); and, finally, remodeling of the callus into cortical and trabecular bone. Therefore, bone repair is a complex process that involves many cell types and regulatory molecules. The diverse cell populations involved in fracture repair include stem cells, macrophages, fibroblasts, vascular cells, osteoblasts, chondroblasts, and osteoclasts.

Regulatory factors involved in bone repair are known to include systemic hormones, cytokines, growth factors, and other molecules that regulate growth and differentiation. Various osteoinductive agents have been purified and shown to be polypeptide growth-factor-like molecules. These stimulatory factors are referred to as bone morphogenetic or morphogenic proteins (BMPs), and have also been termed osteogenic bone inductive proteins or osteogenic proteins (OPs). Several BMP (or OP) genes have now been cloned, and the common designations are BMP-1 through BMP-8. New BMPs are in the process of discovery. Although the BMP terminology is widely used, it may prove to be the case that there is an OP

counterpart term for every individual BMP (Alper, 1994).

BMPs 2-8 are generally thought to be osteogenic, although BMP-1 is a more generalized morphogen (Shimell *et al.*, 1991). BMP-3 is also called osteogenin (Luyten *et al.*, 1989) and BMP-7 is also called OP-1 (Ozkaynak *et al.*, 1990). BMPs are related to, or part of, the transforming growth factor-β (TGF-β) superfamily, and both TGF-β1 and TGF-β2 also regulate osteoblast function (Seitz *et al.*, 1992). Several BMP (or OP) nucleotide sequences and polypeptides have been described in U.S. Patents, *e.g.*, 4,795,804; 4,877,864; 4,968,590; 5,108,753; including, specifically, BMP-1 disclosed in U.S. Patent 5,108,922; BMP-2A (currently referred to as BMP-2) in U.S. Patents 5,166,058 and 5,013,649; BMP-2B (currently referred to as BMP-4) disclosed in U.S. Patent 5,013,649; BMP-3 in 5,116,738; BMP-5 in 5,106,748; BMP-6 in 5,187,076; BMP-7 in 5,108,753 and 5,141,905; and OP-1, COP-5 and COP-7 in 5,011,691.

Other growth factors or hormones that have been reported to have the capacity to stimulate new bone formation include acidic fibroblast growth factor (Jingushi *et al.*, 1990); estrogen (Boden *et al.*, 1989); macrophage colony stimulating factor (Horowitz *et al.*, 1989); and calcium regulatory agents such as parathyroid hormone (PTH) (Raisz and Kream, 1983).

Several groups have investigated the possibility of using bone stimulating proteins and polypeptides, particularly recombinant BMPs, to influence bone repair *in vivo*. For example, recombinant BMP-2 has been employed to repair surgically created defects in the mandible of adult dogs (Toriumi *et al.*, 1991), and high doses of this molecule have been shown to functionally repair segmental defects in rat femurs (Yasko *et al.*, 1992). Chen and colleagues showed that a single

application of 25-100 mg of recombinant TGF-β1 adjacent to cartilage induced endochondral bone formation in the rabbit ear full thickness skin wounds (Chen *et al.*, 1991). It has also been reported that an application of TGF-β1 in a 3% methylcellulose gel was able to repair surgically induced large skull defects that otherwise heal by fibrous connective tissue and never form bone (Beck *et al.*, 1991).

However, there are many drawbacks associated with these type of treatment protocols, not least the expensive and time-consuming purification of the recombinant proteins from their host cells. Also, polypeptides, once administered to an animal are more unstable than is generally desired for a therapeutic agent, and they are susceptible to proteolytic attack. Furthermore, the administration of recombinant proteins can initiate various inhibitive or otherwise harmful immune responses. It is clear, therefore, that a new method capable of promoting bone repair and regeneration *in vivo* would represent a significant scientific and medical advance with immediate benefits to a large number of patients. A method readily adaptable for use with a variety of matrices and bone-stimulatory genes would be particularly advantageous.

SUMMARY OF THE INVENTION

The present invention overcomes one or more of these and other drawbacks inherent in the prior art by providing novel methods, compositions and devices for use in transferring nucleic acids into bone cells and tissues, and for promoting bone repair and regeneration. Certain embodiments of the invention rest, generally, with the inventors' surprising finding that nucleic acids can be effectively transferred to bone progenitor cells

in vivo and that, in certain embodiments, the transfer of an osteotropic gene stimulates bone repair in an animal.

The invention, in general terms, thus concerns methods, compositions and devices for transferring a nucleic acid segment into bone progenitor cells or tissues. The methods of the invention generally comprise contacting bone progenitor cells with a composition comprising a nucleic acid segment in a manner effective to transfer the nucleic acid segment into the cells. The cells may be cultured cells or recombinant cells maintained *in vitro*, when all that is required is to add the nucleic acid composition to the cells, *e.g.*, by adding it to the culture media.

Alternatively, the progenitor cells may be located within a bone progenitor tissue site of an animal, when the nucleic acid composition would be applied to the site in order to effect, or promote, nucleic acid transfer into bone progenitor cells *in vivo*. In transferring nucleic acids into bone cells within an animal, a preferred method involves first adding the genetic material to a bone-compatible matrix and then using the resultant matrix to contact an appropriate tissue site within the animal. The "resultant" matrix may, in certain embodiments, be referred to as a matrix impregnated with genetic material, or it may take the form of a matrix-nucleic acid mixture, or even conjugate.

An extremely wide variety of genetic material can be transferred to bone progenitor cells or tissues using the compositions and methods of the invention. For example, the nucleic acid segment may be DNA (double or single-stranded) or RNA (*e.g.*, mRNA, tRNA, rRNA); it may also be a "coding segment", *i.e.*, one that encodes a protein or polypeptide, or it may be an antisense nucleic acid molecule, such as antisense RNA that may function to

disrupt gene expression. The nucleic acid segments may thus be genomic sequences, including exons or introns alone or exons and introns, or coding cDNA regions, or in fact any construct that one desires to transfer to a bone progenitor cell or tissue. Suitable nucleic acid segments may also be in virtually any form, such as naked DNA or RNA, including linear nucleic acid molecules and plasmids; functional inserts within the genomes of various recombinant viruses, including viruses with DNA genomes and retroviruses; and any form of nucleic acid segment, plasmid or virus associated with a liposome or a gold particle, the latter of which may be employed in connection with the gene gun technology.

The invention may be employed to promote expression of a desired gene in bone cells or tissues and to impart a particular desired phenotype to the cells. This expression could be increased expression of a gene that is normally expressed (*i.e.*, "over-expression"), or it could be used to express a gene that is not normally associated with bone progenitor cells in their natural environment. Alternatively, the invention may be used to suppress the expression of a gene that is naturally expressed in such cells and tissues, and again, to change or alter the phenotype. Gene suppression may be a way of expressing a gene that encodes a protein that exerts a down-regulatory function, or it may utilize antisense technology.

1. Bone Progenitor Cells and Tissues

In certain embodiments, this invention provides advantageous methods for using genes to stimulate bone progenitor cells. As used herein, the term "bone progenitor cells" refers to any or all of those cells that have the capacity to ultimately form, or contribute to the formation of, new bone tissue. This includes

various cells in different stages of differentiation, such as, for example, stem cells, macrophages, fibroblasts, vascular cells, osteoblasts, chondroblasts, osteoclasts, and the like. Bone progenitor cells also include cells that have been isolated and manipulated *in vitro*, *e.g.*, subjected to stimulation with agents such as cytokines or growth factors or even genetically engineered cells. The particular type or types of bone progenitor cells that are stimulated using the methods and compositions of the invention are not important, so long as the cells are stimulated in such a way that they are activated and, in the context of *in vivo* embodiments, ultimately give rise to new bone tissue.

The term "bone progenitor cell" is also used to particularly refer to those cells that are located within, are in contact with, or migrate towards (*i.e.*, "home to"), bone progenitor tissue and which cells directly or indirectly stimulate the formation of mature bone. As such, the progenitor cells may be cells that ultimately differentiate into mature bone cells themselves, *i.e.*, cells that "directly" form new bone tissue. Cells that, upon stimulation, attract further progenitor cells or promote nearby cells to differentiate into bone-forming cells (*e.g.*, into osteoblasts, osteocytes and/or osteoclasts) are also considered to be progenitor cells in the context of this disclosure - as their stimulation "indirectly" leads to bone repair or regeneration. Cells affecting bone formation indirectly may do so by the elaboration of various growth factors or cytokines, or by their physical interaction with other cell types. Although of scientific interest, the direct or indirect mechanisms by which progenitor cells

stimulate bone or wound repair is not a consideration in practicing this invention.

Bone progenitor cells and bone progenitor tissues may be cells and tissues that, in their natural environment, arrive at an area of active bone growth, repair or regeneration (also referred to as a wound repair site). In terms of bone progenitor cells, these may also be cells that are attracted or recruited to such an area. These may be cells that are present within an artificially-created osteotomy site in an animal model, such as those disclosed herein. Bone progenitor cells may also be isolated from animal or human tissues and maintained in an *in vitro* environment. Suitable areas of the body from which to obtain bone progenitor cells are areas such as the bone tissue and fluid surrounding a fracture or other skeletal defect (whether or not this is an artificially created site), or indeed, from the bone marrow. Isolated cells may be stimulated using the methods and compositions disclosed herein and, if desired, be returned to an appropriate site in an animal where bone repair is to be stimulated. In such cases, the nucleic-acid containing cells would themselves be a form of therapeutic agent. Such *ex vivo* protocols are well known to those of skill in the art.

In important embodiments of the invention, the bone progenitor cells and tissues will be those cells and tissues that arrive at the area of bone fracture or damage that one desires to treat. Accordingly, in treatment embodiments, there is no difficulty associated with the identification of suitable target progenitor cells to which the present therapeutic compositions should be applied. All that is required in such cases is to obtain an appropriate stimulatory composition, as disclosed herein, and contact the site of the bone fracture or defect with the composition. The nature of

this biological environment is such that the appropriate cells will become activated in the absence of any further targeting or cellular identification by the practitioner.

Certain methods of the invention involve, generally, contacting bone progenitor cells with a composition comprising one or more osteotropic genes (with or without additional genes, proteins or other biomolecules) so as to promote expression of said gene in said cells. As outlined above, the cells may be contacted *in vitro* or *in vivo*. This is achieved, in the most direct manner, by simply obtaining a functional osteotropic gene construct and applying the construct to the cells. The present inventors surprisingly found that there are no particular molecular biological modifications that need to be performed in order to promote effective expression of the gene in progenitor cells. Contacting the cells with DNA, *e.g.*, a linear DNA molecule, or DNA in the form of a plasmid or other recombinant vector, that contains the gene of interest under the control of a promoter, along with the appropriate termination signals, is sufficient to result in uptake and expression of the DNA, with no further steps necessary.

In preferred embodiments, the process of contacting the progenitor cells with the osteotropic gene composition is conducted *in vivo*. Again, a direct consequence of this process is that the cells take up and express the gene and that they, without additional steps, function to stimulate bone tissue growth, repair or regeneration.

An assay of an osteoinductive gene may be conducted using the bone induction bioassay of Sampath and Reddi (1981; incorporated herein by reference). This is a rat bone formation assay that is routinely used to evaluate the osteogenic activity of bone inductive factors.

However, for analyzing the effects of osteotropic genes on bone growth, one is generally directed to use the novel osteotomy model disclosed herein.

2. Osteotropic Genes

As used herein, the terms "osteotropic and osteogenic gene" are used to refer to a gene or DNA coding region that encodes a protein, polypeptide or peptide that is capable of promoting, or assisting in the promotion of, bone formation, or one that increases the rate of primary bone growth or healing (or even a gene that increases the rate of skeletal connective tissue growth or healing). The terms promoting, inducing and stimulating are used interchangeably throughout this text to refer to direct or indirect processes that ultimately result in the formation of new bone tissue or in an increased rate of bone repair. Thus, an osteotropic gene is a gene that, when expressed, causes the phenotype of a cell to change so that the cell either differentiates, stimulates other cells to differentiate, attracts bone-forming cells, or otherwise functions in a manner that ultimately gives rise to new bone tissue.

In using the new osteotomy model of the invention, an osteotropic gene is characterized as a gene that is capable of stimulating proper bone growth in the osteotomy gap to any degree higher than that observed in control studies, *e.g.*, parallel studies employing an irrelevant marker gene such as β-galactosidase. This stimulation of "proper bone growth" includes both the type of tissue growth and the rate of bone formation. In using the model with a 5 mm osteotomy gap, an osteotropic gene is generally characterized as a gene that is capable of promoting or inducing new bone formation, rather than abnormal bone fracture repair, *i.e.*, fibrous non-union. In using the 2 mm osteotomy gap, one may characterize

osteotropic genes as genes that increase the rate of primary bone healing as compared to controls, and more preferably, genes capable of stimulating repair of the osteotomy defect in a time period of less than nine weeks.

In general terms, an osteotropic gene may also be characterized as a gene capable of stimulating the growth or regeneration of skeletal connective tissues such as, *e.g.*, tendon, cartilage, and ligament. Thus, in certain embodiments, the methods and compositions of the invention may be employed to stimulate the growth or repair of both bone tissue itself and also of skeletal connective tissues.

A variety of osteotropic genes are now known, all of which are suitable for use in connection with the present invention. Osteotropic genes and the proteins that they encode include, for example, systemic hormones, such as parathyroid hormone (PTH) and estrogen; many different growth factors and cytokines; chemotactic or adhesive peptides or polypeptides; molecules such as activin (U.S. Patent 5,208,219, incorporated herein by reference); specific bone morphogenetic proteins (BMPs); and even growth factor receptor genes.

Examples of suitable osteotropic growth factors include those of the transforming growth factor (TGF) gene family, including TGFs 1-3, and particularly TGF-β1, TGF-β2 and TGF-β3, (U.S. Patents 4,886,747 and 4,742,003, incorporated herein by reference), with TGF-α (U.S. Patent 5,168,051, incorporated herein by reference) also being of possible use; and also fibroblast growth factors (FGF), previously referred to as acidic and basic FGF and now referred to as FGF1-9; granulocyte/macrophage colony stimulating factor (GMCSF); epidermal growth factor (EGF); platelet derived growth factor (PDGF); insulin-

like growth factors (IGF), including IGF-I and IGF-II; and leukemia inhibitory factor (LIF), also known as HILDA and DIA. Any of the above or other related genes, or DNA segments encoding the active portions of such proteins, may be used in the novel methods and compositions of the invention.

Certain preferred osteotropic genes and DNA segments are those of the TGF superfamily, such as TGF-β1, TGF-β2, TGF-β3 and members of the BMP family of genes. For example, several BMP genes have been cloned that are ideal candidates for use in the nucleic acid transfer or delivery protocols of the invention. Suitable BMP genes are those designated BMP-2 through BMP-12. BMP-1 is not considered to be particularly useful at this stage.

There is considerable variation in the terminology currently employed in the literature in referring to these genes and polypeptides. It will be understood by those of skill in the art that all BMP genes that encode an active osteogenic protein are considered for use in this invention, regardless of the differing terminology that may be employed. For example, BMP-3 is also called osteogenin and BMP-7 is also called OP-1 (osteogenic protein-1). It is likely that the family of factors termed OP(s) is as large as that termed BMP(s), and that these terms, in fact, describe the same set of molecules (Alper, 1994).

The DNA sequences for several BMP (or OP) genes have been described both in scientific articles and in U.S. Patents such as 4,877,864; 4,968,590; 5,108,753. Specifically, BMP-1 sequences are disclosed in U.S. Patent 5,108,922; BMP-2A (currently referred to as BMP-2) in U.S. Patents 5,166,058 and 5,013,649; BMP-2B (currently referred to as BMP-4) disclosed in U.S. Patent 5,013,649; BMP-3 in 5,116,738; BMP-5 in 5,106,748; BMP-6

in 5,187,076; and BMP-7 in 5,108,753 and 5,141,905; all incorporated herein by reference). The article by Wozney *et al.*, (1988; incorporated herein by reference) is considered to be particularly useful for describing BMP molecular clones and their activities. DNA sequences encoding the osteogenic proteins designated OP-1, COP-5 and COP-7 are also disclosed in U.S. Patent 5,011,691.

All of the above issued U.S. Patents are incorporated herein by reference and are intended to be used in order to supplement the present teachings regarding the preparation of BMP and OP genes and DNA segments that express osteotropic polypeptides. As disclosed in the above patents, and known to those of skill in the art, the original source of a recombinant gene or DNA segment to be used in a therapeutic regimen need not be of the same species as the animal to be treated. In this regard, it is contemplated that any recombinant PTH, TGF or BMP gene may be employed to promote bone repair or regeneration in a human subject or an animal, *e.g.*, a horse. Particularly preferred genes are those from human, murine and bovine sources, in that such genes and DNA segments are readily available, with the human or murine forms of the gene being most preferred for use in human treatment regimens. Recombinant proteins and polypeptides encoded by isolated DNA segments and genes are often referred to with the prefix "r" for recombinant and "rh" for recombinant human. As such, DNA segments encoding rBMPs, such as rhBMP-2 or rhBMP-4, are contemplated to be particularly useful in connection with this invention.

The definition of a "BMP gene", as used herein, is a gene that hybridizes, under relatively stringent hybridization conditions (see, *e.g.*, Maniatis *et al.*, 1982), to DNA sequences presently known to include BMP gene sequences.

To prepare an osteotropic gene segment or cDNA one may follow the teachings disclosed herein a also the teachings of any of patents or scientific documents specifically referenced herein. Various nucleotide sequences encoding active BMPs are disclosed in U.S. Patents 5,166,058, 5,013,649, 5,116,738, 5,106,748, 5,187,076, 5,108,753 and 5,011,691, each incorporated herein by reference. By way of example only, U.S. Patent 5,166,058, teaches that hBMP-2 is encoded by a nucleotide sequence from nucleotide #356 to nucleotide #1543 of the sequence shown in Table II of the patent. One may thus obtain a hBMP-2 DNA segment using molecular biological techniques, such as polymerase chain reaction (PCR™) or screening a cDNA or genomic library, using primers or probes with sequences based on the above nucleotide sequence. The practice of such techniques is a routine matter for those of skill in the art, as taught in various scientific articles, such as Sambrook *et al.*, (1989), incorporated herein by reference. Certain documents further particularly describe suitable mammalian expression vectors, *e.g.*, U.S. Patent 5,168,050, incorporated herein by reference.

Osteotropic genes and DNA segments that are particularly preferred for use in certain aspects of the present compositions and methods are the TGF, PTH and BMP genes. TGF genes are described in U.S. Patents 5,168,051; 4,886,747 and 4,742,003, each incorporated herein by reference. TGFα may not be as widely applicable as TGFβ, but is proposed for use particularly in applications involving skeletal soft tissues. The PTH gene, or a DNA segment encoding the active fragment thereof, such as a DNA segment encoding a polypeptide that includes the amino acids 1-34 (hPTH1-34; Hendy *et al.*, 1981; incorporated herein by reference) is another

preferred gene; as are the BMP genes termed BMP-4 and BMP-2, such as the gene or cDNA encoding the murine BMP-4 disclosed herein.

It is also contemplated that one may clone further genes or cDNAs that encode an osteotropic protein or polypeptide. The techniques for cloning DNA molecules, *i.e.*, obtaining a specific coding sequence from a DNA library that is distinct from other portions of DNA, are well known in the art. This can be achieved by, for example, screening an appropriate DNA library, as disclosed in Example XV herein, which relates to the cloning of a wound healing gene. The screening procedure may be based on the hybridization of oligonucleotide probes, designed from a consideration of portions of the amino acid sequence of known DNA sequences encoding related osteogenic proteins. The operation of such screening protocols are well known to those of skill in the art and are described in detail in the scientific literature, for example, in Sambrook *et al.*, (1989), incorporated herein by reference.

Osteotropic genes with sequences that vary from those described in the literature are also encompassed by the invention, so long as the altered or modified gene still encodes a protein that functions to stimulate bone progenitor cells in any direct or indirect manner. These sequences include those caused by point mutations, those due to the degeneracies of the genetic code or naturally occurring allelic variants, and further modifications that have been introduced by genetic engineering, *i.e.*, by the hand of man.

Techniques for introducing changes in nucleotide sequences that are designed to alter the functional properties of the encoded proteins or polypeptides are well known in the art, *e.g.*, U.S. Patent 4,518,584,

incorporated herein by reference, which techniques are also described in further detail herein. Such modifications include the deletion, insertion or substitution of bases, and thus, changes in the amino acid sequence. Changes may be made to increase the osteogenic activity of a protein, to increase its biological stability or half-life, to change its glycosylation pattern, and the like. All such modifications to the nucleotide sequences are encompassed by this invention.

It will, of course, be understood that one or more than one osteotropic gene may be used in the methods and compositions of the invention. The nucleic acid delivery methods may thus entail the administration of one, two, three, or more, osteotropic genes. The maximum number of genes that may be applied is limited only by practical considerations, such as the effort involved in simultaneously preparing a large number of gene constructs or even the possibility of eliciting a significant adverse cytotoxic effect. The particular combination of genes may be two or more distinct BMP genes; or it may be such that a growth factor gene is combined with a hormone gene, *e.g.*, a BMP gene and a PTH gene; a hormone or growth factor gene may even be combined with a gene encoding a cell surface receptor capable of interacting with the polypeptide product of the first gene.

In using multiple genes, they may be combined on a single genetic construct under control of one or more promoters, or they may be prepared as separate constructs of the same of different types. Thus, an almost endless combination of different genes and genetic constructs may be employed. Certain gene combinations may be designed to, or their use may otherwise result in, achieving synergistic effects on cell stimulation and bone growth,

any and all such combinations are intended to fall within the scope of the present invention. Indeed, many synergistic effects have been described in the scientific literature, so that one of ordinary skill in the art would readily be able to identify likely synergistic gene combinations, or even gene-protein combinations.

It will also be understood that, if desired, the nucleic segment or gene could be administered in combination with further agents, such as, *e.g.*, proteins or polypeptides or various pharmaceutically active agents. So long as genetic material forms part of the composition, there is virtually no limit to other components which may also be included, given that the additional agents do not cause a significant adverse effect upon contact with the target cells or tissues. The nucleic acids may thus be delivered along with various other agents, for example, in certain embodiments one may wish to administer an angiogenic factor, and/or an inhibitor of bone resorption, as disclosed in U.S. Patents 5,270,300 and 5,118,667, respectively, each incorporated herein by reference.

3. Gene Constructs and DNA Segments

As used herein, the terms "gene" and "DNA segment" are both used to refer to a DNA molecule that has been isolated free of total genomic DNA of a particular species. Therefore, a gene or DNA segment encoding an osteotropic gene refers to a DNA segment that contains sequences encoding an osteotropic protein, but is isolated away from, or purified free from, total genomic DNA of the species from which the DNA is obtained. Included within the term "DNA segment", are DNA segments and smaller fragments of such segments, and also recombinant vectors, including, for example, plasmids, cosmids, phage, retroviruses, adenoviruses, and the like.

The term "gene" is used for simplicity to refer to a functional protein or peptide encoding unit. As will be understood by those in the art, this functional term includes both genomic sequences and cDNA sequences. "Isolated substantially away from other coding sequences" means that the gene of interest, in this case, an osteotropic gene, forms the significant part of the coding region of the DNA segment, and that the DNA segment does not contain large portions of naturally-occurring coding DNA, such as large chromosomal fragments or other functional genes or cDNA coding regions. Of course, this refers to the DNA segment as originally isolated, and does not exclude genes or coding regions, such as sequences encoding leader peptides or targeting sequences, later added to the segment by the hand of man.

This invention provides novel ways in which to utilize various known osteotropic DNA segments and recombinant vectors. As described above, many such vectors are readily available, one particular detailed example of a suitable vector for expression in mammalian cells is that described in U.S. Patent 5,168,050, incorporated herein by reference. However, there is no requirement that a highly purified vector be used, so long as the coding segment employed encodes a osteotropic protein and does not include any coding or regulatory sequences that would have a significant adverse effect on bone progenitor cells. Therefore, it will also be understood that useful nucleic acid sequences may include additional residues, such as additional non-coding sequences flanking either of the 5' or 3' portions of the coding region or may include various internal sequences, *i.e.*, introns, which are known to occur within genes.

After identifying an appropriate osteotropic gene or DNA molecule, it may be inserted into any one of the many vectors currently known in the art, so that it will

direct the expression and production of the osteotropic protein when incorporated into a bone progenitor cell. In a recombinant expression vector, the coding portion of the DNA segment is positioned under the control of a promoter. The promoter may be in the form of the promoter which is naturally associated with an osteotropic gene, as may be obtained by isolating the 5' non-coding sequences located upstream of the coding segment or exon, for example, using recombinant cloning and/or PCR™ technology, in connection with the compositions disclosed herein.

In other embodiments, it is contemplated that certain advantages will be gained by positioning the coding DNA segment under the control of a recombinant, or heterologous, promoter. As used herein, a recombinant or heterologous promoter is intended to refer to a promoter that is not normally associated with an osteotropic gene in its natural environment. Such promoters may include those normally associated with other osteotropic genes, and/or promoters isolated from any other bacterial, viral, eukaryotic, or mammalian cell. Naturally, it will be important to employ a promoter that effectively directs the expression of the DNA segment in bone progenitor cells.

The use of recombinant promoters to achieve protein expression is generally known to those of skill in the art of molecular biology, for example, see Sambrook *et al.*, (1989). The promoters employed may be constitutive, or inducible, and can be used under the appropriate conditions to direct high level or regulated expression of the introduced DNA segment. The currently preferred promoters are those such as CMV, RSV LTR, the SV40 promoter alone, and the SV40 promoter in combination with various enhancer elements.

Osteotropic genes and DNA segments may also be in the form of a DNA insert which is located within the genome of a recombinant virus, such as, for example a recombinant adenovirus, adeno-associated virus (AAV) or retrovirus. In such embodiments, to place the gene in contact with a bone progenitor cell, one would prepare the recombinant viral particles, the genome of which includes the osteotropic gene insert, and simply contact the progenitor cells or tissues with the virus, whereby the virus infects the cells and transfers the genetic material.

In certain preferred embodiments, one would impregnate a matrix or implant material with virus by soaking the material in recombinant virus stock solution, *e.g.*, for 1-2 hours, and then contact the bone progenitor cells or tissues with the resultant, impregnated matrix. Cells then penetrate, or grow into, the matrix, thereby contacting the virus and allowing viral infection which leads to the cells taking up the desired gene or cDNA and expressing the encoded protein.

In other preferred embodiments, one would form a matrix-nucleic acid admixture, whether using naked DNA, a plasmid or a viral vector, and contact the bone progenitor cells or tissues with the resultant admixed matrix. The matrix may then deliver the nucleic acid into the cells following disassociation at the cell surface, or in the immediate cellular environment. Equally, the matrix admixture itself, especially a particle- or fiber-DNA admixture, may be taken up by cells to provide subsequent intracellular release of the genetic material. The matrix may then be extruded from the cell, catabolized by the cell, or even stored within the cell. The molecular mechanism by which a bone-compatible matrix achieves transfer of DNA to a cell is immaterial to the practice of the present invention.

4. Bone-Compatible Matrices

In certain preferred embodiments, the methods of the invention involved preparing a composition in which the osteotropic gene, genes, DNA segments, or cells already incorporating such genes or segments, are associated with, impregnated within, or even conjugated to, a bone-compatible matrix, to form a "matrix-gene composition" and the matrix-gene composition is then placed in contact with the bone progenitor cells or tissue. The matrix may become impregnated with a gene DNA segment simply by soaking the matrix in a solution containing the DNA, such as a plasmid solution, for a brief period of time of anywhere from about 5 minutes or so, up to and including about two weeks.

Matrix-gene compositions are all those in which genetic material is adsorbed, absorbed, impregnated, conjugated to, or otherwise generally maintained in contact with the matrix. "Maintained in contact with the matrix" means that an effective amount of the nucleic acid composition should remain functionally associated with the matrix until its transfer to the bone progenitor cell or its release in the bone tissue site.

The type of matrix that may be used in the compositions, devices and methods of the invention is virtually limitless, so long as it is a "bone-compatible matrix". This means that the matrix has all the features commonly associated with being "biocompatible", in that it is in a form that does not produce a significant adverse, allergic or other untoward reaction when administered to an animal, and that it is also suitable for placing in contact with bone tissue. A "significant" adverse effect is one that exceeds the normally accepted side-effects associated with any given therapy.

"Bone-compatible", as used herein, means that the matrix (and gene) does not produce a significant adverse or untoward reaction when placed in contact with bone. In certain embodiments, when electing to use a particular bone compatible matrix, one may, optionally, take various other factors into consideration, for example, the capacity of the matrix to provide a structure for the developing bone, its capacity to be resorbed into the body after the bone has been repaired, and such like. However, these properties are not required to practice the invention and are merely exemplary of the factors that may be considered.

In other embodiments, one may also consider the likelihood that the matrix will be transported into the cell, e.g., by active or passive membrane transport. Where such transport and subsequent nucleic acid release is contemplated, other properties of the matrix and gene may be assessed in optimizing the matrix-gene formulation. For example, adenovirus vectors may provide for advantageous DNA release in such embodiments. Matrices that are readily metabolized in the cytoplasm would also likely be preferred in such embodiments. Matrices that are later released from the cell, and preferably, also removed from the surrounding tissue area, would be another preferred form of matrix for use in such embodiments.

The choice of matrix material will differ according to the particular circumstances and the site of the bone that is to be treated. Matrices such as those described in U.S. Patent 5,270,300 (incorporated herein by reference) may be employed. Physical and chemical characteristics, such as, *e.g.*, biocompatibility, biodegradability, strength, rigidity, interface properties, and even cosmetic appearance, may be considered in choosing a matrix, as is well known to

those of skill in the art. Appropriate matrices will deliver the gene composition and, in certain circumstances, may be incorporated into a cell, or may provide a surface for new bone growth, *i.e.*, they may act as an *in situ* scaffolding through which progenitor cells may migrate.

A particularly important aspect of the present invention is its use in connection with orthopaedic implants and interfaces and artificial joints, including implants themselves and functional parts of an implant, such as, *e.g.*, surgical screws, pins, and the like. In preferred embodiments, it is contemplated that the metal surface or surfaces of an implant or a portion thereof, such as a titanium surface, will be coated with a material that has an affinity for nucleic acids, most preferably, with hydroxyl apatite, and then the coated-metal will be further coated with the gene or nucleic acid that one wishes to transfer. The available chemical groups of the absorptive material, such as hydroxyl apatite, may be readily manipulated to control its affinity for nucleic acids, as is known to those of skill in the art.

In certain embodiments, non-biodegradable matrices may be employed, such as sintered hydroxylapatite, aluminates, other bioceramic materials and metal materials, particularly titanium. A suitable ceramic delivery system is that described in U.S. Patent 4,596,574, incorporated herein by reference. Polymeric matrices may also be employed, including acrylic ester polymers, lactic acid polymers, and polylactic polyglycolic acid (PLGA) block copolymers, have been disclosed (U.S. Patent 4,526,909, U.S. Patent 4,563,489, Simons *et al.*, 1992, and Langer and Folkman, 1976, respectively, each incorporated herein by reference).

In certain embodiments, it is contemplated that a biodegradable matrix will likely be most useful. A biodegradable matrix is generally defined as one that is capable of being resorbed into the body. Potential biodegradable matrices for use in connection with the compositions, devices and methods of this invention include, for example, biodegradable and chemically defined calcium sulfate, tricalciumphosphate, hydroxylapatite, PLGA block copolymers, polyanhydrides, matrices of purified proteins, and semi-purified extracellular matrix compositions.

One preferred group of matrices are collagenous matrices, including those obtained from tendon or dermal collagen, *e.g.*, type I collagen, which is generally prepared from dermis; those obtained from cartilage, such as type II collagen; and various other types of collagen. Collagens may be obtained from a variety of commercial sources, *e.g.*, Sigma that supplies type II collagen obtained from bovine trachea; and Collagen Corporation. Collagen matrices may also be prepared as described in U.S. Patents 4,394,370 and 4,975,527, each incorporated herein by reference.

The various collagenous materials may also be in the form of mineralized collagen. One preferred mineralized collagenous material is that termed UltraFiber™, obtainable from Norian Corp. (Mountain View, CA). U.S. Patent 5,231,169, incorporated herein by reference, describes the preparation of mineralized collagen through the formation of calcium phosphate mineral under mild agitation *in situ* in the presence of dispersed collagen fibrils. Such a formulation may be employed in the

context of delivering a nucleic acid segment to a bone tissue site.

Certain other preferred collagenous materials are those based upon type II collagen. Type II collagen preparations have been discovered to have the surprising and advantageous property of, absent any osteotropic gene, being capable of stimulating bone progenitor cells. Prior to the present invention, it was thought that type II collagen only had a structural role in the cartilage extracellular matrix and the present finding that type II collagen is actually an osteoconductive/osteoinductive material is unexpected. The present invention thus contemplates the use of a variety of type II collagen preparations as gene transfer matrices or bone cell stimulants, either with or without DNA segments, including native type II collagen, as prepared from cartilage, and recombinant type II collagen.

PLGA block copolymers may also be employed as gene transfer matrices. Such polymers have been shown to readily incorporate DNA, are commercially available, non-toxic, and hydrolyze at defined rates, (*i.e.* they facilitate the sustained release of pharmaceutical agents). PLGA block copolymers have two particular advantageous properties in that, first, they exhibit reversible thermal gelation, and second, may be combined with other agents that allow for radiographic visualization.

5. Nucleic Acid Transfer Embodiments

Once a suitable matrix-gene composition has been prepared or obtained, all that is required to deliver the osteotropic gene to bone progenitor cells within an animal is to place the matrix-gene composition in contact

with the site in the body in which one wishes to promote bone growth. This may be achieved by physically positioning the matrix-gene composition in contact with the body site, or by injecting a syringeable form of the matrix-gene composition into the appropriate area.

The matrix-gene composition may be applied to a simple bone fracture site that one wishes to repair, an area of weak bone, such as in a patient with osteoporosis, or a bone cavity site that one wishes to fill with new bone tissue. Bone cavities may arise as a result of an inherited disorder, birth defect, or may result following dental or periodontal surgery or after the removal of an osteosarcoma.

The use of PLGA and like compounds as matrices allows the matrix-DNA composition to be syringeable, which is achieved by, generally, admixing the matrix-gene composition with a pluronic agent. The resultant matrix-gene-pluronic may be stored within a thermal-jacket syringe, maintained at a temperature of about 4°C, immediately prior to administration to the body. In this temperature and environment, the composition will be a liquid. Following insertion into the body, the composition will equilibrate towards body temperature, and in so-doing will form a gelatinous matrix.

The above phenomenon is termed "reversible thermal gelation", and this allows for a controlled rate of gelation to be achieved. The manner of using pluronic agents in this context will be known to those of skill in the art in light of the present disclosure. Matrix-gene-pluronic compositions may also be admixed, or generally associated with, an imaging agent so that the present gene transfer technology may be used in imaging modalities. In these cases, the attending physician or veterinarian will be able to monitor the delivery and

positioning of the matrix-gene composition. Many safe and effective imaging agents, such as the radiographic compound calcium phosphate, are available that may be used in conjunction with fluoroscopy, or even with tomography, to image the body or tissue site while the composition is being delivered.

Where an image of the tissue site is to be provided, one will desire to use a detectable imaging agent, such as a radiographic agent, or even a paramagnetic or radioactive agent. Many radiographic diagnostic agents are known in the art to be useful for imaging purposes, including *e.g.*, calcium phosphate.

In the case of paramagnetic ions, examples include chromium (III), manganese (II), iron (III), iron (II), cobalt (II), nickel (II), copper (II), neodymium (III), samarium (III), ytterbium (III), gadolinium (III), vanadium (II), terbium (III), dysprosium (III), holmium (III) and erbium (III), with gadolinium being generally preferred. Ions useful in other contexts, such as X-ray imaging, include but are not limited to, lanthanum (III), gold (III), lead (II), and especially bismuth (III).

Although not generally preferred, radioactive isotopes are not excluded and may be used for imaging purposes if desired. Suitable ions include iodine^{131}, iodine^{123}, technicium^{99m}, indium^{111}, rhenium^{188}, rhenium^{186}, gallium^{67}, copper^{67}, yttrium^{90}, iodine^{125} and astatine^{211}.

The amount of gene construct that is applied to the matrix and the amount of matrix-gene material that is applied to the bone tissue will be determined by the attending physician or veterinarian considering various biological and medical factors. For example, one would wish to consider the particular osteotropic gene and matrix, the amount of bone weight desired to be formed,

the site of bone damage, the condition of the damaged bone, the patient's or animal's age, sex, and diet, the severity of any infection, the time of administration and any further clinical factors that may affect bone growth, such as serum levels of various factors and hormones. The suitable dosage regimen will therefore be readily determinable by one of skill in the art in light of the present disclosure, bearing in mind the individual circumstances.

In treating humans and animals, progress may be monitored by periodic assessment of bone growth and/or repair, *e.g.*, using X-rays. The therapeutic methods and compositions of the invention are contemplated for use in both medical and veterinary applications, due to the lack of species specificity in bone inductive factors. In particular, it is contemplated that domestic, farm and zoological animals, as well as thoroughbred horses, would be treatable using the nucleic acid transfer protocols disclosed herein.

The present methods and compositions may also have prophylactic uses in closed and open fracture reduction and also in the improved fixation of artificial joints. The invention is applicable to stimulating bone repair in congenital, trauma-induced, or oncologic resection-induced craniofacial defects, and also is useful in the treatment of periodontal disease and other tooth repair processes and even in cosmetic plastic surgery. The matrix-gene compositions and devices of this invention may also be used in wound healing and related tissue repair, including, but not limited to healing of burns, incisions and ulcers.

The present invention also encompasses DNA-based compositions for use in cellular transfer to treat bone defects and disorders. The compositions of the invention

generally comprise an osteotropic gene in association with a bone-compatible matrix, such as type II collagen, wherein the composition is capable of stimulating bone growth, repair or regeneration upon administration to, or implantation within, a bone progenitor tissue site of an animal. The osteotropic gene or genes may be any of those described above, with TGF-α (for soft skeletal tissues), TGF-β1, TGF-β2, TGF-β3, PTH, BMP-2 and BMP-4 genes being generally preferred. Likewise, irrespective of the choice of gene, the bone-compatible matrix may be any of those described above, with biodegradable matrices such as collagen and, more particularly, type II collagen, being preferred.

In still further embodiments, the present invention concerns osteotropic devices, which devices may be generally considered as molded or designed matrix-gene compositions. The devices of the invention naturally comprise a bone-compatible matrix in which an osteotropic gene is associated with the matrix. The combination of genes and matrix components is such that the device is capable of stimulating bone growth or healing when implanted in an animal. The devices may be of virtually any size or shape, so that their dimensions are adapted to fit a bone fracture or bone cavity site in the animal that is to be treated, allowing the fracture join and/or bone regrowth to be more uniform. Other particularly contemplated devices are those that are designed to act as an artificial joint. Titanium devices and hydroxylapatite-coated titanium devices will be preferred in certain embodiments. Parts of devices in combination with an osteotropic nucleic acid segment, such as a DNA-coated screw for an artificial joint, and the like, also fall within the scope of the invention.

Therapeutic kits comprising, in suitable container means, a bone compatible matrix, such as type II collagen

or a PLGA block polymer, and an osteotropic gene form another aspect of the invention. Such kits will generally contain a pharmaceutically acceptable formulation of the matrix and a pharmaceutically acceptable formulation of an osteotropic gene, such as PTH, BMP, TGF-β, FGF, GMCSF, EGF, PDGF, IGF or a LIF gene. Currently preferred genes include PTH, TGF-β1, TGF-β2, TGF-β3, and BMP-4 genes.

The kits may comprise a single container means that contains both the biocompatible matrix and the osteotropic gene. The container means may, if desired, contain a pharmaceutically acceptable sterile syringeable matrix, having associated with it, the osteotropic gene composition and, optionally, a detectable label or imaging agent. The syringeable matrix-DNA formulation may be in the form of a gelatinous composition, *e.g.*, a type II collagen-DNA composition, or may even be in a more fluid form that nonetheless forms a gel-like composition upon administration to the body. In these cases, the container means may itself be a syringe, pipette, or other such like apparatus, from which the matrix-DNA material may be applied to a bone tissue site or wound area. However, the single container means may contain a dry, or lyophilized, mixture of a matrix and osteotropic gene composition, which may or may not require pre-wetting before use.

Alternatively, the kits of the invention may comprise distinct container means for each component. In such cases, one container would contain the osteotropic gene, either as a sterile DNA solution or in a lyophilized form, and the other container would include the matrix, which may or may not itself be pre-wetted with a sterile solution, or be in a gelatinous, liquid or other syringeable form.

The kits may also comprise a second or third container means for containing a sterile, pharmaceutically acceptable buffer, diluent or solvent. Such a solution may be required to formulate either the DNA component, the matrix component, both components separately, or a pre-mixed combination of the components, into a more suitable form for application to the body, *e.g.*, a more gelatinous form. It should be noted, however, that all components of a kit could be supplied in a dry form (lyophilized), which would allow for "wetting" upon contact with body fluids. Thus, the presence of any type of pharmaceutically acceptable buffer or solvent is not a requirement for the kits of the invention. The kits may also comprise a second or third container means for containing a pharmaceutically acceptable detectable imaging agent or composition.

The container means will generally be a container such as a vial, test tube, flask, bottle, syringe or other container means, into which the components of the kit may placed. The matrix and gene components may also be aliquoted into smaller containers, should this be desired. The kits of the present invention may also include a means for containing the individual containers in close confinement for commercial sale, such as, *e.g.*, injection or blow-molded plastic containers into which the desired vials or syringes are retained.

Irrespective of the number of containers, the kits of the invention may also comprise, or be packaged with, an instrument for assisting with the placement of the ultimate matrix-gene composition within the body of an animal. Such an instrument may be a syringe, pipette, forceps, or any such medically approved delivery vehicle.

6. Type II Collagen as an Osteoconductive/inductive Material

The present invention also provides methods for stimulating bone progenitor cells, as may be applied, in certain circumstances, to promote new bone formation, or to stimulate wound-healing. As such, the bone progenitor cells that are the targets of the invention may also be termed "wound healing bone progenitor cells". Although the function of wound healing itself may not always be required to practice all aspects of the invention, and although a mechanistic understanding is not necessary to practice the invention, it is generally thought that the wound healing process does operate during execution of the invention.

To stimulate a bone progenitor cell in accordance with these aspects of the invention, generally one would contact a bone progenitor cell with a composition comprising a biologically effective amount of type II collagen. Although preparations of crushed bone and mineralized collagen have been shown to be osteoconductive, this property has not previously been ascribed to type II collagen. The present inventors have found that type II collagen alone is surprisingly effective at promoting new bone formation, it being able to bridge a 5 mm osteotomy gap in only eight weeks in all animals tested (FIG. 5A, FIG. 5B, FIG. 6A, FIG. 6B, FIG. 6C, FIG. 6D, FIG. 7A, FIG. 7B, FIG. 8A, FIG. 8B, and FIG. 8C).

The forms of type II collagen that may be employed in this invention are virtually limitless. For example, type II collagen may be purified from hyaline cartilage of bovine trachea, or as isolated from diarthrodial joints or growth plates. Purified type II collagen is commercially available and may be purchased from, *e.g.*, Sigma Chemical Company, St. Louis, MO. Any form of

recombinant type II collagen may also be employed, as may be obtained from a type II collagen-expressing recombinant host cell, including bacterial, yeast, mammalian, and insect cells. One particular example of a recombinant type II collagen expression system is a yeast cell that includes an expression vector that encodes type II collagen, as disclosed herein in Example VI.

The type II collagen used in the invention may, if desired, be supplemented with additional minerals, such as calcium, *e.g.*, in the form of calcium phosphate. Both native and recombinant type II collagen may be supplemented by admixing, adsorbing, or otherwise associating with, additional minerals in this manner. Such type II collagen preparations are clearly distinguishable from the types of "mineralized collagen" previously described, *e.g.*, in U.S. Patent 5,231,169 that describes the preparation of mineralized total collagen fibrils.

An object of this aspect of the invention is to provide a source of osteoconductive matrix material, that may be reproducibly prepared in a straightforward and cost-effective manner, and that may be employed, with or without an osteotropic gene segment, to stimulate bone progenitor cells. Recombinant type II collagen was surprisingly found to satisfy these criteria. Although clearly not required for effective results, the combination of native or recombinant type II collagen with mineral supplements, such as calcium, is encompassed by this invention.

A biologically effective amount of type II collagen is an amount of type II collagen that functions to stimulate a bone progenitor cell, as described herein. By way of example, one measure of a biologically effective amount is an amount effective to stimulate bone

progenitor cells to the extent that new bone formation is evident. In this regard, the inventors have shown that 10 mg of lyophilized collagen functions effectively to close a 5 mm osteotomy gap in three weeks. This information may be used by those of skill in the art to optimize the amount of type II collagen needed for any given situation.

Depending on the individual case, the artisan would, in light of this disclosure, readily be able to calculate an appropriate amount, or dose, of type II collagen for stimulating bone cells and promoting bone growth. In terms of small animals or human subjects, suitable effective amounts of collagen include between about 1 mg and about 500 mg, and preferably, between about 1 mg and about 100 mg, of lyophilized type II collagen per bone tissue site. Of course, it is likely that there will be variations due to, *e.g.*, individual responses, particular tissue conditions, and the speed with which bone formation is required. While 10 mg were demonstrated to be useful in the illustrative example, the inventors contemplate that 1, 5, 10, 15, 20, 30, 40, 50, 75, 100, 125, 150, 200, 300 mg, and the like, may be usefully employed for human patients and small animals. Of course, any values within these contemplated ranges may be useful in any particular case.

Naturally, one of the main variables to be accounted for is the amount of new bone that needs to be generated in a particular area or bone cavity. This can be largely a function of the size of the animal to be treated, e.g., a cat or a horse. Therefore, there is currently no upper limit on the amount of type II collagen, or indeed on the amount of any matrix-gene composition, that can be employed in the methods of the invention, given careful supervision by the practitioner.

In contacting or applying type II collagen, with or without a DNA segment, to bone progenitor cells located within a bone progenitor tissue site of an animal, bone tissue growth will be stimulated. Thus, bone cavity sites and bone fractures may be filled and repaired.

The use of type II collagen in combination with a nucleic acid segment that encodes a polypeptide or protein that stimulates bone progenitor cells when expressed in said cells is preferred, as described above. Nucleic acid segments that comprise an isolated PTH gene, BMP gene, growth factor gene, growth factor receptor gene, cytokine gene or a chemotactic factor gene are preferred, with PTH, TGF-β and BMP genes being most preferred. The genes function subsequent to their transfer into, and expression in, bone progenitor cells of the treated animal, thus promoting bone growth.

Although type II collagen alone is effective, its combined use with an osteotropic gene segment may prove to give synergistic and particularly advantageous effects. Type II collagen, whether native or recombinant, may thus also be formulated into a therapeutic kit with an osteotropic gene segment, in accordance with those kits described herein above. This includes the use of single or multiple container means, and combination with any medically approved delivery vehicle, including, but not limited to, syringes, pipettes, forceps, additional diluents, and the like.

BRIEF DESCRIPTION OF THE DRAWINGS

The drawings form part of the present specification and are included to further demonstrate certain aspects of the present invention. The invention may be better understood by reference to one or more of these drawings

in combination with the detailed description of specific embodiments presented herein.

FIG. 1. A model of DNA therapy for bone repair.

FIG. 2A. A schematic model of the cellular and molecular basis of the direct DNA transfer mechanism into osteogenic cells *in vivo*. Shown is the method of creating osteotomy and placing gene-activated matrix *in situ*.

FIG. 2B. A schematic model of the cellular and molecular basis of the direct DNA transfer mechanism into osteogenic cells *in vivo*. Shown is the method of fracturing repair cells where blood vessels grow into the gene-activated matrix (FIG. 2A).

FIG. 2C. A schematic model of the cellular and molecular basis of the direct DNA transfer mechanism into osteogenic cells *in vivo*. Shown are fractured cells taking up DNA as an episomal element, *i.e.* direct gene transfer *in vivo*.

FIG. 2D. A schematic model of the cellular and molecular basis of the direct DNA transfer mechanism into osteogenic cells *in vivo*. Shown are fractured repair synthesizing and secreting recombinant proteins encoded by the episomal DNA.

FIG. 2E. A schematic model of the cellular and molecular basis of the direct DNA transfer mechanism into osteogenic cells *in vivo*. Shown is the resulting new bone formation.

FIG. 3A. Achilles' tendon gene transfer is shown as a time course overview at 3 weeks post-surgery.

FIG. 3B. Achilles' tendon gene transfer is shown as a time course overview at 9 weeks post-surgery.

FIG. 3C. Achilles' tendon gene transfer is shown as a time course overview at 12 weeks post-surgery.

FIG. 3D. Achilles' tendon gene transfer is shown as a time course immunohistochemistry study. Shown is the microscopy of tendon tissue that received SIS implant impregnated with expression plasmid DNA. Note the positive cytoplasmic staining of fibroblastic cells 9 weeks post-surgery.

FIG. 3E. Achilles' tendon gene transfer is shown as a time course immunohistochemistry study. Shown is the microscopy of tendon tissue that received SIS implant alone, without DNA. Note the relative absence of cytoplasmic staining.

FIG. 4. Monitoring of cruciate ligament gene transfer using a substrate utilization assay. Three weeks following the implantation of SIS soaked in a solution of the pSV40β-gal expression plasmid, tendon tissue was harvested, briefly fixed in 0.5% glutaraldehyde, and then incubated with X-gal according to published methods. Tissues were then embedded in paraffin and sections were cut and stained with H and E. Note the positive (arrows) staining in the cytoplasm of granulation tissues fibroblasts.

FIG. 5A. Direct DNA transfer into regenerating bone: β-gal activity. The figure compares β-galactosidase activity in homogenates of osteotomy gap tissue from two Sprague-Dawley rats. In animal #1, the UltraFiber™ implant material was soaked in a solution of pSV40β-gal DNA, Promega) encoding bacterial β-galactosidase. In animal #2, the implant material was

soaked in a pure solution of pGL2-Promoter Vector DNA (Promega) encoding insect luciferase. Enzyme activity was determined using substrate assay kits (β-galactosidase and Luciferase Assay Systems, Promega). Note that significant β-galactosidase activity was found only in the homogenate prepared from animal #1.

FIG. 5B. Direct DNA transfer into regenerating bone: luciferase activity. The figure compares luciferase activity in aliquots of the homogenates described in FIG. 5A. Luciferase activity was determined using the commercial reagents and protocols (Promega) described in FIG. 5A. Note that significant luciferase activity is found only in the homogenate prepared from animal #2.

FIG. 6A. Osteotomy gene transfer monitored by PTH studies. In this study an expression plasmid coding for a functional 34 amino acid peptide fragment of human parathyroid hormone (PTH1-34) was transferred and expressed *in vivo* using the GAM technology. The progress of new bone formation in the gap was monitored radiographically for three weeks and the animals were sacrificed. Shown is a radiograph of the osteotomy gap of the control animal that received an antisense hPTH1-34 GAM construct. There was no evidence of radiodense tissue in the gap.

FIG. 6B. Osteotomy gene transfer (FIG. 6A) monitored by PTH studies. Shown is a histological section of osteotomy repair tissue from the same control animal. The section is characterized by the presence of granulation tissue fibroblasts and capillaries.

FIG. 6C. Osteotomy gene transfer (FIG. 6A) monitored by PTH studies. Shown is a radiograph of the osteotomy gap that received the sense PTH1-34 GAM

construct. Note the presence of radiodense tissue in the gap (arrow).

FIG. 6D. Osteotomy gene transfer (FIG. 6A) monitored by PTH studies. Shown is a histological section of osteotomy repair tissue from the same control animal. The section is characterized by the presence of trabecular bone plates that extend into the gap from the surgical margin.

FIG. 7A. Osteotomy gene transfer BMP-4 studies. Shown is immunohistochemical evidence of BMP-4 transgene expression by granulation tissue fibroblasts near the center of an osteotomy gap three weeks after surgery. Note the positive (arrows) staining of spindled cells. The BMP-4 transgene included an epitope tag (HA epitope, Pharmacia) that facilitated the identification of transgenic BMP-4 molecules. Tissue staining was performed using commercially available polyclonal anti-HA antibodies and standard procedures. Immunostaining was localized only to gap tissues. Control sections included serial sections stained with pre-immune rabbit serum and tissue sections from 13 control osteotomy gaps. In both instances all controls were negative for peroxidase staining of granulation tissue fibroblasts.

FIG. 7B. Osteotomy gene transfer BMP-4 studies. Shown is the histology of newly formed bone as early as three weeks following gene transfer (FIG. 7A).

FIG. 8A. Radiographic evidence of bridging new bone formation (arrows) as a consequence of BMP-4 gene transfer and expression at six weeks' post surgery. 9 and 16 weeks post-op, are presented in FIG. 8B and FIG. 8C, respectively, to demonstrate the orderly growth of new bone *in situ* over time. This animal, which has been maintained for 23 weeks, has been ambulating normally

without an external fixator for the past 7 weeks. Similar results have been obtained in a second long term animal (of two) that is now 17 weeks post-op.

FIG. 8B. Radiographic evidence of bridging new bone formation (arrows) as a consequence of BMP-4 gene transfer and expression at nine weeks' post surgery (see FIG. 8A).

FIG. 8C. Radiographic evidence of bridging new bone formation (arrows) as a consequence of BMP-4 gene transfer and expression at sixteen weeks' post surgery (see FIG. 8A).

FIG. 9A. The animal shown here is representative of the control group that received an osteotomy plus a collagen sponge without DNA of any type. The animal was maintained for 9 weeks following surgery and then sacrificed. Progress of new bone formation in the gap was monitored radiographically and histologically. Shown is a radiograph of the osteotomy gap at 9 weeks. Note the absence of radiodense tissue in the gap.

FIG. 9B. Shown is a histological section of osteotomy gap tissue from the control animal used in FIG 9A. The section is characterized by the presence of granulation tissue fibroblasts and capillaries.

FIG. 10. PLJ-HPTH1-34 expression construct. A cDNA fragment coding for a prepro-hPTH1-34 peptide was generated by PCR™ (Hendy *et al.*, 1981) and then ligated into a *Bam*HI cloning site in the PLJ retroviral expression vector (Wilson *et al.*, 1992). Several independent clones with the insert in the coding orientation were isolated and characterized.

FIG. 11. Southern analysis of retroviral

integration in the YZ-15 clone. 10 mg of YZ-15 genomic DNA were digested with *KpnI* (for which there is a unique site in the vector LTR) and analyzed by Southern blotting. A cDNA fragment that coded for prepro-hPTH1-35 was used as a probe. The positive control for the Southern hybridization conditions was a *KpnI* digest of genomic DNA from Rat-1 cells infected and selected with the recombinant, replication-defective retrovirus PLJ-hPTH1-84 (Wilson *et al.*, 1992). *KpnI* digests of DNA were also prepared from two negative controls: native Rat-1 cells and Rat-1 cells infected and selected with BAG ("BAG cells", (Wilson *et al.*, 1992), a replication-defective recombinant retrovirus that encodes β-galactosidase, which is an irrelevant marker gene in these studies. Lane assignments were as follows: 1, PLJ-hPTH1-84 cells; 2 BAG cells; 3, YZ-15; 4, native Rat-1 cells. DNA sizes (kb) are shown at the left of the figure. As expected, a fragment of the predicted size (*e.g.*, 4.3 kb) is seen only in lane 1 (the positive control) and in lane 3 (YZ-15 DNA).

FIG. 12. Northern blot analysis of a transduced Rat-1 clone. Poly-A(+)RNA was prepared from the YZ-15 clone and analyzed by Northern blotting as described (Chen *et al.*, 1993). FIG. 12 contains two panels on a single sheet. Poly-A(+) RNA prepared from PLJ-hPTH1-84 cells, BAG cells, and native Rat-1 cells were used as positive and negative controls. Four probes were applied to a single blot following sequential stripping: hPTH1-34, β-gal, *Neo*, and β-actin. Lane assignments were as follows: 1, PLJ-hPTH1-84 cells; 2, BAG cells; 3, YZ-15 cells; 4, native Rat-1 cells. As expected, the hPTH1-34 transcript is seen only in lane 1 (positive control) and in lane 3-4; a *Neo* transcript is seen in lanes 1-3; a β-gal transcript is seen only in lane 2; and β-actin transcripts are seen in lanes 1-4.

FIG. 13. Northern analysis of poly-A(+) RNA demonstrating expression of the PTH/PTHrP receptor in osteotomy repair tissue.

FIG. 14. Overlapping murine cDNA clones representing the LTBP-like (LTBP-3) sequence. A partial representation of restriction sites is shown. N, *Nco*I; P, *Pvu*II; R, *Rsa*II; B, *Bam*HI; H, *Hin*dIII. The numbering system at the bottom assumes that the "A" of the initiator Met codon is nt #1.

FIG. 15A. A schematic showing the structure of the murine fibrillin-1 gene product. Structural domains are shown below the diagram. Symbols designating various structural elements are defined in the legend to FIG. 15B.

FIG. 15B. A schematic showing the structure of the murine LTBP-like (LTBP-3) molecule. Domains #1-5 are denoted below the diagram. Symbols designate the following structural elements: EGF-CB repeats: open rectangles; TGF-bp repeats: open ovals; Fib motif: open circle; TGF-bp-like repeat: patterned oval; cysteine-rich sequences: patterned rectangles; proline/glycine-rich region: thick curved line, domain #2; proline-rich region, thick curved line, domain #3. Note that symbols designating the signal peptide have been deleted for simplicity. Additionally, the schematic assumes that EGF-like and EGF-CB repeats may extend for several amino acids beyond the C_6 position.

FIG. 15C. A schematic showing the structure of human LTBP-1. Domains #1-5 are denoted below the diagram. The symbols designating the structural elements are defined in the legend to FIG. 15B.

FIG. 16. Overview of expression of the new LTBP-

like (LTBP-3) gene during murine development as determined by tissue *in situ* hybridization. FIG. 16 consists of autoradiograms made by direct exposure of tissue sections to film after hybridization with radiolabeled probes. Day 8.5-9.0 sections contained embryos surrounded by intact membranes, uterine tissues, and the placental disk, cut in random planes. Day 13.5 and 16.5 sections contain isolated whole embryos sectioned in the sagittal plane near or about the mid-line. Identical conditions were maintained throughout autoradiography and photography, thereby allowing a comparison of the overall strength of hybridization in all tissue sections. The transcript is expressed in connective tissue, mesenchyme, liver, heart and CNS.

FIG. 17A. Selected microscopic views of mouse LTBP-3 gene expression in day 8.5-9.0 p.c. mouse developing tissues. All photographs in FIG. 17A- FIG. 17D were taken from the same slides used to prepare whole mount sections (after dipping slides in radiographic emulsion). Shown is the neural tube, brightfield image. 1 cm = 20 mm.

FIG. 17B. Selected microscopic views of mouse LTBP-3 gene expression in day 8.5-9.0 p.c. mouse developing tissues. Shown is the neural tube, darkfield image. Note expression by neuroepithelial cells and by surrounding mesenchyme. 1 cm = 20 mm.

FIG. 17C. Selected microscopic views of mouse LTBP-3 gene expression in day 8.5-9.0 p.c. mouse developing tissues. Shown is the heart, brightfield image. The figure demonstrates expression by myocardial and endocardial (arrowheads) cells. 1 cm = 20 mm.

FIG. 17D. Selected microscopic views of mouse LTBP-3 gene expression in day 8.5-9.0 p.c. mouse

developing tissues. Shown is the heart, darkfield image. The figure demonstrates expression by myocardial and endocardial (arrowheads) cells. Darkfield photomicrographs were taken after exposure of tissues to photographic emulsion for 2 weeks. In this image and the one shown in FIG. 17B, red blood cell and other plasma membranes give a faint white signal that contributes to the background of the experiment. 1 cm = 20 mm.

FIG. 18A. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. All photographs in FIG. 18A - FIG. 18P were taken from the same slides used to prepare whole mount sections (after dipping slides in radiographic emulsion). Shown is the cartilage model of developing long bone from lower extremity, brightfield image. Expression by chondrocytes and by perichondrial cells is seen in FIG. 18B. 1 cm = 20 mm.

FIG. 18B. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the cartilage model of developing long bone from lower extremity, darkfield image. Note expression by chondrocytes and by perichondrial cells. In all darkfield views of FIG. 18, red blood cell and other plasma membranes give a faint white signal that contributes to the background of the experiment. Note the absence of spurious hybridization signal in areas of the slide that lack cellular elements. 1 cm = 20 mm.

FIG. 18C. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the lung, brightfield image. 1 cm = 20 mm.

FIG. 18D. Microscopy of mouse LTBP-3 gene

expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the heart, brightfield image. 1 cm = 20 mm.

FIG. 18E. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the lung, darkfield image. Note expression by epithelial cells of developing airway and by the surrounding parenchymal cells. 1 cm = 20 mm.

FIG. 18F. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the heart, darkfield image. Note continuing expression by myocardial cells. 1 cm = 20 mm.

FIG. 18G. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the pancreas, brightfield image. 1 cm = 20 mm.

FIG. 18H. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the intestine, brightfield image. 1 cm = 20 mm.

FIG. 18I. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the pancreas, darkfield image. Note expression by acinar epithelial cells. 1 cm = 20 mm.

FIG. 18J. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is intestine, darkfield image. Note the expression in epithelial and subepithelial cells. 1 cm = 20 mm.

FIG. 18K. Microscopy of mouse LTBP-3 gene

expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is kidney, brightfield image. 1 cm = 20 mm.

FIG. 18L. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is skin, brightfield image. 1 cm = 20 mm.

FIG. 18M. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is kidney, darkfield image. Note expression by blastemal cells beneath the kidney capsule, epithelial cells of developing nephrons and tubules, and the interstitial mesenchyme. 1 cm = 20 mm.

FIG. 18N. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the skin, darkfield image. Note the expression by epidermal, adnexal and dermal cells of developing skin. 1 cm = 20 mm.

FIG. 18O. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the retina, brightfield image. 1 cm = 20 mm.

FIG. 18P. Microscopy of mouse LTBP-3 gene expression in day 13.5 and day 16 p.c. mouse developing tissues. Shown is the retina, darkfield image. Note expression by retinal epithelial cells and by adjacent connective tissue cells. 1 cm = 20 mm.

FIG. 19. Time-dependent expression of the LTBP-3 gene by MC3T3-E1 cells. mRNA preparation and Northern blotting were preformed as described in Example XIV. Equal aliquots of total RNA as determined by UV

spectroscopy were loaded in each lane of the Northern gel. As demonstrated by UV spectroscopy were loaded in each lane of the Northern gel. As demonstrated by methylene blue staining (Sambrook *et al.*, 1989), equal amounts of RNA were transferred to the nylon membrane. The results demonstrate a clear, strong peak in LTBP-3 gene expression by 14 days in culture. Weaker signals denoting LTBP-3 gene expression also can be observed after 5 days and 28 days in culture.

FIG. 20. Antisera #274 specifically binds LTBP-3 epitopes. Transfection of 293T cells with a full length mouse LTBP-3 expression plasmid followed by radiolabeling, preparation of medium sample, immunoprecipitation, and 4-18% gradient SDS-PAGE were performed as described in Example XIV. The figure presents a SDS-PAGE autoradiogram of medium samples following a 2 day exposure to film. Lane assignments are as follows: Lane 1, radiolabeled 293T medium (prior to transfection) immunoprecipitated with preimmune serum; Land 2, radiolabeled 293T medium (prior to transfection) immunoprecipitated with antibody #274; Lane 3, radiolabeled 393T medium (following transfection and preincubation with 10 μg of LTBP-3 synthetic peptide cocktail) immunoprecipitated with antibody #274; and Lane 4, radiolabeled 293T medium (following transfection) immunoprecipitated with antibody #274. As indicated by the bar, the full length LTBP-3 molecule migrated at 180-190 kDa.

FIG. 21. Co-immunoprecipitation of LTBP-3 and TGR-β1 produced by MC3T3-E1 cells. Aliquots (~10^6 incorporated CPM) of radiolabeled media produced by MC3T3-E1 cells after 7 days in culture were immunoprecipitated as described in Example XIV. Bars indicate the position of cold molecular weight standards used to estimate molecular weight (Rainbow mix,

Amersham). Immunoprecipitates were separated using 4%-18% gradient SDS-PAGE and reducing conditions. The figure shows a negative control lane 1 consisting of MC3T3-E1 medium immunoprecipitated with anti-LTBP-3 antibody #274. Western blotting was performed using the lower portion of the gradient gel and a commercially available antibody to TGF-β1 (Santa Cruz Biotechnology, Inc.). Antibody staining was detected using commercially available reagents and protocols (ECL Western Blotting Reagent, Amersham). MC3T3-E1 medium was immunoprecipitated with anti-LTBP-2 antibody #274.

FIG. 22A. Radiographic analysis of the type II collagen osteotomy gap three weeks after surgery.

FIG. 22B. Radiographic analysis of the type I collagen osteotomy gap three weeks after surgery.

FIG. 22C. Histologic analysis of the type II collagen osteotomy shown in FIG. 22A.

FIG. 23A. Adenovirus-mediated gene transfer into bone repair/regeneration cells *in vivo*. Positive (arrows) β-gal cytoplasmic staining is observed in the fracture repair cells.

FIG. 23B. Adenovirus-mediated gene transfer into bone repair/regeneration cells *in vivo*. Serial section negative control strained with the vehicle of the β-gal antibody plus a cocktail of non-specific rabbit IgG antibodies.

FIG. 23C. Adenovirus-mediated gene transfer into bone repair/regeneration cells *in vivo*. Osteotomy site was filled with a fibrous collagen implant material soaked in a solution of the replication-defective recombinant adenovirus AdRSVβ-gal ($\sim 10^{11}$ plaque forming

units/ml). Note the positive (arrow) β-gal nuclear staining of chondrocytes within the osteotomy site, as demonstrated by immunohistochemistry using a specific anti-β-gal antibody.

FIG. 24. The murine BMP-4 amino acid sequence, SEQ ID NO:1. The HA epitope is shown in bold at the extreme carboxy terminus of the sequence.

FIG. 25. DNA sequence of the murine LTBP-3 gene (SEQ ID NO:2).

FIG. 26. Amino acid sequence of the murine LTBP-3 gene product (SEQ ID NO:3).

FIG. 27. DNA sequence of the murine LTBP-2 gene (SEQ ID NO:17).

FIG. 28. Amino acid sequence of the murine LTBP-2 gene product (SEQ ID NO:18).

DESCRIPTION OF THE PREFERRED EMBODIMENT

1. Applications of Bone Repair Technology to Human Treatment

The following is a brief discussion of four human conditions to exemplify the variety of diseases and disorders that would benefit from the development of new technology to improve bone repair and healing processes. In addition to the following, several other conditions, such as, for example, vitamin D deficiency; wound healing in general; soft skeletal tissue repair; and cartilage and tendon repair and regeneration, may also benefit from technology concerning the stimulation of bone progenitor cells.

The first example is the otherwise healthy individual who suffers a fracture. Often, clinical bone fracture is treated by casting to alleviate pain and allow natural repair mechanisms to repair the wound. While there has been progress in the treatment of fracture in recent times, even without considering the various complications that may arise in treating fractured bones, any new procedures to increase bone healing in normal circumstances would represent a great advance.

A second example which may benefit from new treatment methods is osteogenesis imperfecta (OI). OI encompasses various inherited connective tissue diseases that involve bone and soft connective tissue fragility in humans (Byers and Steiner, 1992; Prockop, 1990). About one child per 5,000-20,000 born is affected with OI and the disease is associated with significant morbidity throughout life. A certain number of deaths also occur, resulting in part from the high propensity for bone fracture and the deformation of abnormal bone after fracture repair (OI types II-IV; Bonadio and Goldstein, 1993). The relevant issue here is quality of life; clearly, the lives of affected individuals would be improved by the development of new therapies designed to stimulate and strengthen the fracture repair process.

OI type I is a mild disorder characterized by bone fracture without deformity, blue sclerae, normal or near normal stature, and autosomal dominant inheritance (Bonadio and Goldstein, 1993). Osteopenia is associated with an increased rate of lone bone fracture upon ambulation (the fracture frequency decreases dramatically at puberty and during young adult life, but increases once again in late middle age). Hearing loss, which often begins in the second or third decade, is a feature of this disease in about half the families and can

progress despite the general decline in fracture frequency. Dentinogenesis imperfecta is observed in a subset of individuals.

In contrast, OI types II-VI represent a spectrum of more severe disorders associated with a shortened life-span. OI type II, the perinatal lethal form, is characterized by short stature, a soft calvarium, blue sclerae, fragile skin, a small chest, floppy appearing lower extremities (due to external rotation and abduction of the femurs), fragile tendons and ligaments, bone fracture with severe deformity, and death in the perinatal period due to respiratory insufficiency. Radiographic signs of bone weakness include compression of the femurs, bowing of the tibiae, broad and beaded ribs, and calvarial thinning.

OI type III is characterized by short stature, a triangular facies, severe scoliosis, and bone fracture with moderate deformity. Scoliosis can lead to emphysema and a shortened life-span due to respiratory insufficiency. OI type IV is characterized by normal sclerae, bone fracture with mild to moderate deformity, tooth defects, and a natural history that essentially is intermediate between OI type II and OI type I.

More than 200 OI mutations have been characterized since 1989 (reviewed in Byers and Steiner, 1992; Prockop, 1990). The vast majority occur in the COL1A1 and COL1A2 genes of type I collagen. Most cases of OI type I appear to result from heterozygous mutations in the COL1A1 gene that decrease collagen production but do not alter primary structure, *i.e.*, heterozygous null mutations affecting COL1A1 expression. Most cases of OI types II-IV result from heterozygous mutations in the COL1A1 and COL1A2 genes that alter the structure of collagen.

A third important example is osteoporosis. The term osteoporosis refers to a heterogeneous group of disorders characterized by decreased bone mass and fractures. An estimated 20-25 million people are at increased risk for fracture because of site-specific bone loss. Risk factors for osteoporosis include increasing age, gender (more females), low bone mass, early menopause, race (Caucasians), low calcium intake, reduced physical activity, genetic factors, environmental factors (including cigarette smoking and abuse of alcohol or caffeine), and deficiencies in neuromuscular control that create a propensity to fall.

More than a million fractures in the USA each year can be attributed to osteoporosis, and in 1986 alone the treatment of osteoporosis cost an estimated 7-10 billion health care dollars. Demographic trends (*i.e.*, the gradually increasing age of the US population) suggest that these costs may increase 2-3 fold by the year 2020 if a safe and effective treatment is not found. Clearly, osteoporosis is a significant health care problem.

Clinically, osteoporosis is segregated into type I and type II. Type I osteoporosis occurs predominantly in middle aged women and is associated with estrogen loss at the menopause, while osteoporosis type II is associated with advancing age. Much of the morbidity and mortality associated with osteoporosis results from immobilization of elderly patients following fracture.

Current therapies for osteoporosis patients focus on fracture prevention, not fracture repair. This remains an important consideration because of the literature, which clearly states that significant morbidity and mortality are associated with prolonged bed rest in the elderly, particularly those who have suffered hip fractures. Complications of bed rest include blood clots

and pneumonia. These complications are recognized and measures are usually taken to avoid them, but these measures hardly represent the best approach to therapy. Thus, the osteoporotic patient population would benefit from new therapies designed to strengthen bone and speed up the fracture repair process, thereby getting these people on their feet before the complications arise.

A fourth example is related to bone reconstruction and, specifically, the ability to reconstruct defects in bone tissue that result from traumatic injury; cancer or cancer surgery; birth defect; a developmental error or heritable disorder; or aging. There is a significant orthopaedic need for more stable total joint implants, and cranial and facial bone are particular targets for this type of reconstructive need. The availability of new implant materials, *e.g.*, titanium, has permitted the repair of relatively large defects. Titanium implants provide excellent temporary stability across bony defects. However, experience has shown that a lack of viable bone bridging the defect can result in exposure of the appliance, infection, structural instability and, ultimately, failure to repair the defect.

Autologous bone grafts are another possible reconstructive modality, but they have several demonstrated disadvantages in that they must be harvested from a donor site such as iliac crest or rib, they usually provide insufficient bone to completely fill the defect, and the bone that does form is sometimes prone to infection and resorption. Partially purified xenogeneic preparations are not practical for clinical use because microgram quantities are purified from kilograms of bovine bone, making large scale commercial production both costly and impractical. Allografts and demineralized bone preparations are therefore often employed.

Microsurgical transfers of free bone grafts with attached soft tissue and blood vessels can close bony defects with an immediate source of blood supply to the graft. However, these techniques are time consuming, have been shown to produce a great deal of morbidity, and can only be used by specially trained individuals. Furthermore, the bone implant is often limited in quantity and is not readily contoured. In the mandible, for example, the majority of patients cannot wear dental appliances using presently accepted techniques (even after continuity is established), and thus gain little improvement in the ability to masticate. Toriumi *et al.*, have written that, "reconstructive surgeons should have at their disposal a bone substitute that would be reliable, biocompatible, easy to use, and long lasting and that would restore mandibular continuity with little associated morbidity."

In connection with bone reconstruction, specific problem areas for improvement are those concerned with treating large defects, such as created by trauma, birth defects, or particularly, following tumor resection. The success of orthopaedic implants, interfaces and artificial joints could conceivably be improved if the surface of the implant, or a functional part of an implant, were to be coated with a bone stimulatory agent. The surface of implants could be coated with one or more appropriate materials in order to promote a more effective interaction with the biological site surrounding the implant and, ideally, to promote tissue repair.

2. Bone Repair

Bone tissue is known to have the capacity for repair and regeneration and there is a certain understanding of the cellular and molecular basis of these processes. The

initiation of new bone formation involves the commitment, clonal expansion, and differentiation of progenitor cells. Once initiated, bone formation is promoted by a variety of polypeptide growth factors, Newly formed bone is then maintained by a series of local and systemic growth and differentiation factors.

The concept of specific bone growth-promoting agents is derived from the work of Huggins and Urist. Huggins *et al.*, 1936, demonstrated that autologous transplantation of canine incisor tooth to skeletal muscle resulted in local new bone formation (Huggins *et al.*, 1936). Urist and colleagues reported that demineralized lyophilized bone segments induced bone formation (Urist, 1965; Urist *et al.*, 1983), a process that involved macrophage chemotaxis; the recruitment of progenitor cells; the formation of granulation tissue, cartilage, and bone; bone remodeling; and marrow differentiation. The initiation of cartilage and bone formation in an extraskeletal site, a process referred to as osteoinduction, has permitted the unequivocal identification of initiators of bone morphogenesis (Urist, 1965; Urist *et al.*, 1983; Sampath *et al.*, 1984; Wang *et al.*, 1990; Cunningham *et al.*, 1992).

Significant progress has now been made in characterizing the biological agents elaborated by active bone tissue during growth and natural bone healing. Demineralized bone matrix is highly insoluble; Sampath and Reddi (1981) showed that only 3% of the proteins can be extracted using strong combinations of denaturants and detergents. They also showed that the unfractionated demineralized bone extract will initiate bone morphogenesis, a critical observation that led to the purification of "osteoinductive" molecules. Families of proteinaceous osteoinductive factors have now been purified and characterized. They have been variously

referred to in the literature as bone morphogenetic or morphogenic proteins (BMPs), osteogenic bone inductive proteins or osteogenic proteins (OPs).

3. Bone Repair and Bone Morphogenetic Proteins (BMPs)

Following their initial purification, several bone morphogenetic protein genes have now been cloned using molecular techniques (Wozney *et al.*, 1988; Rosen *et al.*, 1989; summarized in Alper, 1994). This work has established BMPs as members of the transforming growth factor-β (TGF-β) superfamily based on DNA sequence homologies. Other TGF molecules have also been shown to participate in new bone formation, and TGF-β is regarded as a complex multifunctional regulator of osteoblast function (Centrella *et al.*, 1988; Carrington *et al.*, 1988; Seitz *et al.*, 1992). Indeed, the family of transforming growth factors (TGF-β1, TGF-β2, and TGF-β3) has been proposed as potentially useful in the treatment of bone disease (U.S. Patent 5,125,978, incorporated herein by reference).

The cloning of distinct BMP genes has led to the designation of individual BMP genes and proteins as BMP-1 through BMP-8. BMPs 2-8 are generally thought to be osteogenic (BMP-1 may be a more generalized morphogen; Shimell *et al.*, 1991). BMP-3 is also called osteogenin (Luyten *et al.*, 1989) and BMP-7 is also called OP-1 (Ozkaynak *et al.*, 1990). TGFs and BMPs each act on cells via complex, tissue-specific interactions with families of cell surface receptors (Roberts and Sporn, 1989; Paralkar *et al.*, 1991).

Several BMP (or OP) nucleotide sequences and vectors, cultured host cells and polypeptides have been described in the patent literature. For example, U.S. Patents, 4,877,864, 4,968,590 and 5,108,753 all concern

osteogenic factors. More specifically, BMP-1 is disclosed in U.S. Patent 5,108,922; BMP-2 species, including MBP-2A and BMP-2B, are disclosed in U.S. Patents 5,166,058, 5,013,649, and 5,013,649; BMP-3 in 5,116,738; BMP-5 in 5,106,748; BMP-6 in 5,187,076; and BMP-7 in 5,108,753 and 5,141,905; all incorporated herein by reference. Various BMP clones and their activities are particularly described by Wozney *et al.*, (1988; incorporated herein by reference). DNA sequences encoding the osteogenic proteins designated OP-1, COP-5 and COP-7 are also disclosed in U.S. Patent 5,011,691. Although the BMP terminology is widely used, it may prove to be the case that there is an OP counterpart term for every individual BMP (Alper, 1994).

4. Bone Repair and Growth Factors and Cytokines

Transforming growth factors (TGFs) have a central role in regulating tissue healing by affecting cell proliferation, gene expression, and matrix protein synthesis (Roberts and Sporn, 1989). While not necessarily a direct effect, Bolander and colleagues have provided evidence that TGF-β1 and TGF-β2 can initiate both chondrogenesis and osteogenesis (Joyce *et al.*, 1990; Izumi *et al.*, 1992; Jingushi *et al.*, 1992). In these studies new cartilage and bone formation appeared to be dose dependent (*i.e.*, dependent on the local growth factor concentration). The data also suggested that TGF-β1 and TGF-β2 stimulated cell differentiation by a similar mechanism, even though they differed in terms of the ultimate amount of new cartilage and bone that was formed.

Other growth factors/hormones besides TGF and BMP may influence new bone formation following fracture. Bolander and colleagues injected recombinant acidic fibroblast growth factor into a rat fracture site

(Jingushi *et al.*, 1990). The major effect of multiple high doses (1.0 mg/50 ml) was a significant increase in cartilage tissue in the fracture gap, while lower doses had no effect. These investigators also used the reverse transcriptase-polymerase chain reaction (PCR™) technique to demonstrate expression of estrogen receptor transcripts in callus tissue (Boden *et al.*, 1989). These results suggested a role for estrogen in normal fracture repair.

Horowitz and colleagues have shown that activated osteoblasts will synthesize the cytokine, macrophage colony stimulating factor (Horowitz *et al.*, 1989). The osteotropic agents used in this study included lipopolysaccharide, PTH1-84, PTH1-34, vitamin D and all-trans retinoic acid. This observation has led to the suggestion that osteoblast activation following fracture may lead to the production of cytokines that regulate both hematopoiesis and new bone formation. Various other proteins and polypeptides that have been found to be expressed at high levels in osteogenic cells, such as, *e.g.*, the polypeptide designated Vgr-1 (Lyons *et al.*, 1989), also have potential for use in connection with the present invention.

5. Bone Repair and Calcium Regulating Hormones

Calcium regulating hormones such as parathyroid hormone (PTH) participate in new bone formation and bone remodeling (Raisz and Kream, 1983). PTH is an 84 amino acid calcium-regulating hormone whose principle function is to raise the Ca^{+2} concentration in plasma and extracellular fluid. Studies with the native hormone and with synthetic peptides have demonstrated that the amino-terminus of the molecule (aa 1-34) contains the structural requirements for biological activity (Tregear *et al.*, 1973; Hermann-Erlee *et al.*, 1976; Riond, 1993).

PTH functions by binding to a specific cell surface receptor that belongs to the G protein-coupled receptor superfamily (Silve *et al.*, 1982; Rizzoli *et al.*, 1983; Juppner *et al.*, 1991).

Using a retroviral approach, a human full-length PTH gene construct has been introduced into cultured rat fibroblasts to create recombinant PTH-secreting cells. These cells were then transplanted into syngeneic rat recipients that were observed to develop hypercalcemia mediated by the increased serum concentrations of PTH (Wilson *et al.*, 1992). The object of these studies was to create an animal model of primary hyperparathyroidism.

PTH has a dual effect on new bone formation, a somewhat confusing aspect of hormone function despite intensive investigation. PTH has been shown to be a potent direct inhibitor of type I collagen production by osteoblasts (Kream *et al.*, 1993). Intact PTH was also shown to stimulate bone resorption in organ culture over 30 years ago, and the hormone is known to increase the number and activity of osteoclasts. Recent studies by Gay and colleagues have demonstrated binding of [^{125}I]PTH(1-84) to osteoclasts in tissue sections and that osteoclasts bind intact PTH in a manner that is both saturable and time- and temperature dependent (Agarwala and Gay, 1992). While these properties are consistent with the presence of PTH/PTHrP receptors on the osteoclast cell surface, this hypothesis is still considered controversial. A more accepted view, perhaps, is that osteoclast activation occurs via an osteoblast signaling mechanism.

On the other hand, osteosclerosis may occur in human patients with primary hyperparathyroidism (Seyle, 1932). It is well known that individuals with hyperparathyroidism do not inexorably lose bone mass, but

eventually achieve a new bone remodeling steady state after an initial period of net bone loss. Chronic, low dose administration of the amino-terminal fragment of PTH (aa 1-34) also can induce new bone formation according to a time- and dose-dependent schedule (Seyle, 1932; Parsons and Reit, 1974).

Human PTH1-34 has recently been shown to: stimulate DNA synthesis in chick osteoblasts and chondrocytes in culture (van der Plas, 1985; Schluter *et al.*, 1989; Somjen *et al.*, 1990); increase bone cell number *in vivo* (Malluche *et al.*, 1986); enhance the *in vitro* growth of chick embryonic cartilage and bone (Kawashima, 1980; Burch and Lebovitz, 1983; Lewinson and Silbermann, 1986; Endo *et al.*, 1980; Klein-Nulend *et al.*, 1990); enhance surface bone formation (both cortical and trabecular bone) in normal and osteogenic animals and in humans with osteoporosis (Reeve *et al.*, 1976; Reeve *et al.*, 1980; Tam *et al.*, 1982; Hefti *et al.*, 1982; Podbesek *et al.*, 1983; Stevenson and Parsons, 1983; Slovik *et al.*, 1986; Gunness-Hey and Hock, 1984; Tada *et al.*, 1988; Spencer *et al.*, 1989; Hock and Fonseca, 1990; Liu and Kalu, 1990; Hock and Gera, 1992; Mitlak *et al.*, 1992; Ejersted *et al.*, 1993); and delay and reverse the catabolic effects of estrogen deprivation on bone mass (Hock *et al.*, 1988; Hori *et al.*, 1988; Gunness-Hey and Hock, 1989; Liu *et al.*, 1991). Evidence of synergistic interactions between hPTH-1-34 and other anabolic molecules has been presented, including insulin-like growth factor, BMP-2, growth hormone, vitamin D, and TGF-β (Slovik *et al.*, 1986; Spencer *et al.*, 1989; Mitlak *et al.*, 1992; Canalis *et al.*, 1989; Linkhart and Mohan, 1989; Seitz *et al.*, 1992; Vukicevic *et al.*, 1989).

Anecdotal observation has shown that serum PTH levels may be elevated following bone fracture (Meller *et al.*, 1984; Johnston *et al.*, 1985; Compston *et al.*, 1989;

Hardy *et al.*, 1993), but the significance of this observation is not understood. There are apparently no reports in the literature concerning attempts to localize either PTH or the PTH/PTHrP receptor *in situ* in human fracture sites or in experimental models. Furthermore, no attempt has been made to augment bone repair by the exogenous addition of PTH peptides. Although hPTH1-34 is known to function as an anabolic agent for bone, prior to the present invention, much remained to be learned about the role (if any) of PTH during bone regeneration and repair.

6. Protein Administration and Bone Repair

Several studies have been conducted in which preparations of protein growth factors, including BMPs, have been administered to animals in an effort to stimulate bone growth. The results of four such exemplary studies are described blow.

Toriumi *et al.*, studied the effect of recombinant BMP-2 on the repair of surgically created defects in the mandible of adult dogs (Toriumi *et al.*, 1991). Twenty-six adult hounds were segregated into three groups following the creation of a 3 cm full thickness mandibular defect: 12 animals received test implants composed of inactive dog bone matrix carrier and human BMP-2, 10 animals received control implants composed of carrier without BMP-2, and BMP-4 animals received no implant. The dogs were euthanized at 2.5-6 months, and the reconstructed segments were analyzed by radiography, histology, histomorphometry, and biomechanical testing. Animals that received test implants were euthanized after 2.5 months because of the presence of well mineralized bone bridging the defect. The new bone allowed these animals to chew a solid diet, and the average bending strength of reconstructed mandibles was 27% of normal

('normal' in this case represents the unoperated, contralateral hemimandible). In contrast, the implants in the other two groups were non-functional even after 6 months and showed minimal bone formation.

Yasko *et al.*, published a related study in which the effect of BMP-2 on the repair of segmental defects in the rat femur was examined (Yasko *et al.*, 1992). The study design included a group that received a dose of 1.4 mg of BMP-2, another group that received 11.0 mg of BMP-2, and a control group that received carrier matrix alone. Endochondral bone formation was observed in both groups of animals that received BMP-2. As demonstrated by radiography, histology, and whole bone (torsion) tests of mechanical integrity, the larger dose resulted in functional repair of the 5-mm defect beginning 4.5 weeks after surgery. The lower dose resulted in radiographic and histological evidence of new bone formation, but functional union was not observed even after 9 weeks post surgery. There was also no evidence of bone formation in control animals at this time.

Chen *et al.*, showed that a single application of 25-100 mg of recombinant TGF-β1 adjacent to cartilage induced endochondral bone formation in the rabbit ear full thickness skin wounds (Chen *et al.*, 1991). Bone formation began 21 days following the creation of the wound and reached a peak at day 42, as demonstrated by morphological methods. Active bone remodeling was observed beyond this point.

In a related study, Beck *et al.*, demonstrated that a single application of TGF-β1 in a 3% methylcellulose gel was able to repair surgically induced large skull defects that otherwise heal by fibrous connective tissue and never form bone (Beck *et al.*, 1991). Bony closure was achieved within 28 days of the application of 200 mg of

TGF-β1 and the rate of healing was shown to be dose dependent.

Studies such as those described above have thus established that exogenous growth factors can be used to stimulate new bone formation/repair/regeneration *in vivo*. Certain U.S. Patents also concern methods for treating bone defects or inducing bone formation. For example, U.S. Patent 4,877,864 relates to the administration of a therapeutic composition of bone inductive protein to treat cartilage and/or bone defects; U.S. Patent 5,108,753 concerns the use of a device containing a pure osteogenic protein to induce endochondral bone formation and for use in periodontal, dental or craniofacial reconstructive procedures.

However, nowhere in this extensive literature does there appear to be any suggestion that osteogenic genes themselves may be applied to an animal in order to promote bone repair or regeneration. Indeed, even throughout the patent literature that concerns genes encoding various bone stimulatory factors and their *in vitro* expression in host cells to produce recombinant proteins, there seems to be no mention of the possibility of using nucleic acid transfer in an effort to express an osteogenic gene in bone progenitor cells *in vivo* or to promote new bone formation in an animal or human subject.

7. Biocompatible Matrices for use in Bone Repair

There is a considerable amount of work that has been directed to the development of biocompatible matrices for use in medical implants, including those specifically for bone implantation work. In context of the present invention, a matrix may be employed in association with the gene or DNA coding region encoding the osteotropic polypeptide in order to easily deliver the gene to the

site of bone damage. Such matrices may be formed from a variety of materials presently in use for implanted medical applications.

In certain cases, the matrix may also act as a "biofiller" to provide a structure for the developing bone and cartilage. However, the formation of such a scaffolding structure is not a primary requirement, rather, the main requirements of the matrix are to be biocompatible and to be capable of delivering a nucleic acid segment to a bone cell or bone tissue site.

Matrices that may be used in certain embodiments include non-biodegradable and chemically defined matrices, such as sintered hydroxyapatite, bioglass, aluminates, and other ceramics. The bioceramics may be altered in composition, such as in calcium-aluminate-phosphate; and they may be processed to modify particular physical and chemical characteristics, such as pore size, particle size, particle shape, and biodegradability. Certain polymeric matrices may also be employed if desired, these include acrylic ester polymers and lactic acid polymers, as disclosed in U.S. Patents 4,526,909, and 4,563,489, respectively, each incorporated herein by reference. Particular examples of useful polymers are those of orthoesters, anhydrides, propylene-cofumarates, or a polymer of one or more α-hydroxy carboxylic acid monomers, *e.g.*, α-hydroxy acetic acid (glycolic acid) and/or α-hydroxy propionic acid (lactic acid).

Some of the preferred matrices for use in present purposes are those that are capable of being resorbed into the body. Potential biodegradable matrices for use in bone gene transfer include, for example, PLGA block copolymers, biodegradable and chemically defined calcium sulfate, tricalciumphosphate, hydroxyapatite, and polyanhydrides. Furthermore, biomatrices comprised of

pure proteins and/or extracellular matrix components may be employed.

The inventors have shown the use of bone or dermal collagenous materials as matrices, as may be prepared from various commercially-available lyophilized collagen preparations, such as those from bovine or rat skin, as well as PLGA block copolymers. Collagen matrices may also be formulated as described in U.S. Patent 4,394,370, incorporated herein by reference, which concerns the use of collagenous matrices as delivery vehicles for osteogenic protein. UltraFiber™, as may be obtained from Norian Corp. (Mountain View, CA), is a preferred matrix. Preferred matrices are those formulated with type II collagen, and most preferably, recombinant type II collagen and mineralized type II collagen.

Further suitable matrices may also be prepared from combinations of materials, such as PLGA block copolymers, which allow for sustained release; hydroxyapatite; or collagen and tricalciumphosphate. Although sufficient sequestration and subsequent delivery of an osteotropic gene is in no way a limitation of the present invention, should it be desired, a porous matrix and gene combination may also be administered to the bone tissue site in combination with an autologous blood clot. The basis for this is that blood clots have previously been employed to increase sequestration of osteogenic proteins for use in bone treatment (U.S. Patent 5,171,579, incorporated herein by reference) and their use in connection with the present invention is by no means excluded (they may even attract growth factors for cytokines).

8. Collagen

Although not previously proposed for use with a nucleic acid molecule, the use of collagen as a pharmaceutical delivery vehicle has been described. The biocompatibility of collagen matrices is well known in the art. U.S. Patents 5,206,028, 5,128,136, 5,081,106, 4,585,797, 4,390,519, and 5,197,977 (all incorporated herein by reference) describe the biocompatibility of collagen-containing matrices in the treatment of skin lesions, use as a wound dressing, and as a means of controlling bleeding. In light of these documents, therefore, there is no question concerning the suitability of applying a collagen preparation to a tissue site of an animal.

U.S. Patent 5,197,977 describes the preparation of a collagen-impregnated vascular graft including drug materials complexed with the collagen to be released slowly from the graft following implant. U.S. Patent 4,538,603 is directed to an occlusive dressing useful for treating skin lesions and a granular material capable of interacting with wound exudate. U.S. Patent 5,162,430 describes a pharmaceutically acceptable, non-immunogenic composition comprising a telopeptide collagen chemically conjugated to a synthetic hydrophilic polymer.

Further documents that one of skill in the art may find useful include U. S. Patents 4,837,285, 4,703,108, 4,409,332, and 4,347,234, each incorporated herein by reference. These references describe the uses of collagen as a non-immunogenic, biodegradable, and bioresorbable binding agent.

The inventors contemplate that collagen from many sources will be useful in the present invention. Particularly useful are the amino acid sequences of type

II collagen. Examples of type II collagen are well known in the art. For example, the amino acid sequences of human (Lee *et al.*, 1989), rat (Michaelson *et al.*, 1994), and murine (Ortman *et al.*, 1994) have been determined (SEQ ID NO:10, SEQ ID NO:12, and SEQ ID NO:14, respectively).

Although not previously known to be capable of stimulating bone progenitor cells itself, type II collagen is herein surprisingly shown to possess this property, which thus gives rise to new possibilities for clinical uses.

9. Nucleic Acid Delivery

The transfer of nucleic acids to mammalian cells has been proposed a method for treating certain diseases or disorders. Nucleic acid transfer or delivery is often referred to as "gene therapy". Initial efforts toward postnatal (somatic) gene therapy relied on indirect means of introducing genes into tissues, *e.g.*, target cells were removed from the body, infected with viral vectors carrying recombinant genes, and implanted into the body. These type of techniques are generally referred to as *ex vivo* treatment protocols. Direct *in vivo* gene transfer has recently been achieved with formulations of DNA trapped in liposomes (Ledley *et al.*, 1987); or in proteoliposomes that contain viral envelope receptor proteins (Nicolau *et al.*, 1983); calcium phosphate-coprecipitated DNA (Benvenisty and Reshef, 1986); and DNA coupled to a polylysine-glycoprotein carrier complex (Wu and Wu, 1988). The use of recombinant replication-defective viral vectors to infect target cells *in vivo* has also been described (*e.g.*, Seeger *et al.*, 1984).

In recent years, Wolff *et al.*, demonstrated that direct injection of purified preparations of DNA and RNA

into murine skeletal muscle resulted in significant reporter gene expression (Wolff *et al.*, 1990). This was an unexpected finding, and the mechanism of gene transfer could not be defined. The authors speculated that muscle cells may be particularly suited to take up and express polynucleotides *in vivo* or that damage associated with DNA injection may allow transfection to occur.

Wolff *et al.*, suggested several potential applications of the direct injection method, including (a) the treatment of heritable disorders of muscle, (b) the modification of non-muscle disorders through muscle tissue expression of therapeutic transgenes, (c) vaccine development, and (d) a reversible type of gene transfer, in which DNA is administered much like a conventional pharmaceutical treatment. In an elegant study Liu and coworkers recently showed that the direct injection method can be successfully applied to the problem of influenza vaccine development (Ulmer *et al.*, 1993).

The use of gene transfer to synoviocytes as a means of treating arthritis has also been discussed (Bandara *et al.*, 1992; Roessler *et al.*, 1993). The protocols considered have included both the *ex vivo* treatment of isolated synoviocytes and their re-introduction into the animal and also direct gene transfer in which suitable vectors are injected into the joint. The transfer of marker genes into synoviocytes has already been demonstrated using both retroviral and adenoviral technology (Bandara *et al.*, 1992; Roessler *et al.*, 1993).

Despite the exclusive emphasis on protein treatment by those working in the field of new bone growth, the present inventors saw that there was great potential for using nucleic acids themselves to promote bone regeneration/repair *in vivo*. This provides for a more sophisticated type of pharmaceutical delivery. In

addition to the ease and cost of preparing DNA, it was also reasoned that using DNA transfer rather than peptide transfer would provide many further advantages. For example, DNA transfer allows for the expression or over-expression of integral membrane receptors on the surface of bone regeneration/repair cells, whereas this cannot be done using peptide transfer because the latter (*a priori*) is an extracellular manipulation. Importantly, DNA transfer also allows for the expression of polypeptides modified in a site-directed fashion with the very minimum of additional work (*i.e.*, straightforward molecular biological manipulation without protein purification) as well as sustained release of therapies delivered by an injectable route.

The advantages of using DNA are also manifold regarding the development of pharmaceutical products and effective means of delivery. Here, important advantages include the ability to prepare injectable formulations, especially those compositions that exhibit reversible thermal gelation, and the opportunity to combine such injectables with imaging technology during delivery. "Sustained release" is also an important advantage of using DNA, in that the exogenously added DNA continues to direct the production of a protein product following incorporation into a cell. The use of certain matrix-DNA compositions also allows for a more typical "sustained release" phenomenon in that the operative release of DNA from the matrix admixture can also be manipulated.

The inventors contemplated that both naked DNA and viral-mediate DNA could be employed in an effort to transfer genes to bone progenitor cells. In beginning to study this, the most appropriate animal model had to be employed, that is, one in which the possibilities of using nucleic acids to promote bone repair could be adequately tested in controlled studies.

10. Osteotomy Model

Prior to the present invention, three model systems were available for study in this area, including Mov13 mice, an animal model of OI. Unfortunately, each of the models suffers from significant drawbacks. With the Mov13 mice, first, these mice typically die in young adulthood because of retrovirus-induced leukemia (Schnieke *et al.*, 1983); second, gene transfer studies in Mov13 mice conducted between postnatal weeks 8-16 (*i.e.*, prior to the development of leukemia) may be complicated by a natural adaptation in which a significant amount of new bone is deposited on the periosteal surface (Bonadio *et al.*, 1993); and third, an osteotropic gene transferred into an osteotomy site may synergize with the active retrovirus and make it even more virulent.

Another system is the *in vivo* bone fracture model created by Einhorn and colleagues (Bonnarens and Einhorn, 1984). However, this model is a closed system that would not easily permit initial studies of gene transfer *in vivo*. The organ culture model developed by Bolander and colleagues (Joyce *et al.*, 1990) was also available, but again, this model is not suitable for studying gene transfer *in vivo*. Due to the unsuitability of the above models for studying the effects of gene transfer on bone repair and regeneration, the inventors employed a rat osteotomy system, as described below.

The important features of the rat osteotomy model are as follows: under general anesthesia, four 1.2 mm diameter pins are screwed into the femoral diaphysis of normal adult Sprague-Dawley rats. A surgical template ensures parallel placement of the pins. An external fixator is then secured on the pins, and a 2 mm, or 5 mm, segmental defect is created in the central diaphysis with a Hall micro 100 oscillating saw. A biodegradable

implant material, soaked in a solution of plasmid DNA, other genetic construct or recombinant virus preparation, is then placed in the intramedullary canal and the defect is closed (FIG. 5A, FIG. 5B, FIG. 6A, FIG. 6B, FIG. 6C, FIG. 6D, FIG. 7A, FIG. 7B, FIG. 8A, FIG. 8B, FIG. 8C).

New bone formation can be detected as early as three weeks later in the 2 mm gap, although up to 9 weeks is generally allowed for new bone formation to occur. The fixator provided the necessary stability, and there were no limitations on animal ambulation. The surgical protocol has been successfully performed on 21/21 animals to date. None of these animals have died. Assays of new bone formation are performed after sacrifice, except plain film radiography, which is performed weekly from the time of surgery to sacrifice.

Previous studies in Sprague-Dawley rats have shown that the 5 mm osteotomy gap will heal as a fibrous non-union, whereas a gap of less than 3 mm, (such as the 2 mm gap routinely employed in the studies described herein) will heal by primary bone formation. Studies using the 5 mm gap thus allow a determination of whether transgene expression can stimulate new bone formation when fibrous tissue healing normally is expected. On the other hand, studies with the 2 mm gap allow a determination of whether transgene expression can speed up natural primary bone healing. Controls were also performed in which animals received no DNA (FIG. 9A and FIG. 9B).

11. Gene Transfer Promotes Bone Repair *In Vivo*

The present inventors surprisingly found that gene transfer into bone progenitor cells *in vivo* (*i.e.*, cells in the regenerating tissue in the osteotomy gap) could be readily achieved. Currently, the preferred methods for achieving gene transfer generally involve using a fibrous

collagen implant material soaked in a solution of DNA shortly before being placed in the site in which one desires to promote bone growth. As the studies presented herein show, the implant material facilitates the uptake of exogenous plasmid constructs by cells (in the osteotomy gap) which clearly participate in bone regeneration/repair. The transgenes, following cellular uptake, direct the expression of recombinant polypeptides, as evidenced by the *in vivo* expression of functional marker gene products.

Further studies are presented herein demonstrating that the transfer of an osteotropic gene results in cellular expression of a recombinant osteotropic molecule, which expression is directly associated with stimulation of new bone formation. After considering a relatively large number of candidate genes, a gene transfer vector coding for a fragment of human parathyroid hormone (hPTH1-34) was chosen for the inventors' initial studies. Several factors were considered in making this choice: (a), recombinant hPTH1-34 peptides can be discriminated from any endogenous rat hormone present in osteotomy tissues; (b), hPTH1-34 peptides will stimulate new bone formation in Sprague-Dawley rats, indicating that the human peptide can efficiently bind the PTH/PTHrP receptor on the rat osteoblast cell surface; and (c), there is only one PTH/PTHrP receptor, the gene for this receptor has been cloned, and cDNA probes to the receptor are available.

Thus, in terms of understanding the mechanism of action of the transgene on new bone formation *in vivo*, the inventors reasoned it most straightforward to correlate the expression of recombinant hPTH1-34 peptide and its receptor with new bone formation in the rat osteotomy model. Of course, following these initial studies, it is contemplated that any one of a wide

variety of genes may be employed in connection with the bone gene transfer embodiments of the present invention.

Previous studies have indicated that hPTH1-34 is a more powerful anabolic agent when given intermittently as opposed to continuously. Despite the fact that an anabolic effect would still be expected with continuous dosing, as documented by the studies of Parsons and co-workers (Tam *et al.*, 1982; Spencer *et al.*, 1989), there was a concern that the PLJ-hPTH1-34 transgene may not function very effectively as transfected cells would be expected to express recombinant hPTH1-34 molecules in a constitutive manner. The finding that transfection and expression of the LPH-hPTH1-34 transgene did effectively stimulate bone formation in the rat osteotomy model was therefore an important result.

As the osteotomy site in this model is highly vascularized, one possible complication of the studies with the PLJ-hPTH1-34 transgene is the secretion of recombinant human PTH from the osteotomy site with consequent hypercalcemia and (potentially) animal death. Weekly serum calcium levels should therefore be determined when using this transgene. The fact that no evidence of disturbed serum calcium levels has been found in this work is therefore a further encouraging finding.

These studies complement others by the inventors in which direct gene transfer was employed to introduce genes into Achilles' tendon and cruciate ligament, as described in Example XI.

Various immediate applications for using nucleic acid delivery in connection with bone disorders became apparent to the inventors following these surprising findings. The direct transfer of an osteotropic gene to promote fracture repair in clinical orthopaedic practice

is just one use. Other important aspects of this technology include the use of gene transfer to treat patients with "weak bones", such as in diseases like osteoporosis; to improve poor healing which may arise for unknown reasons, *e.g.*, fibrous non-union; to promote implant integration and the function of artificial joints; to stimulate healing of other skeletal tissues such as Achilles' tendon; and as an adjuvant to repair large defects. In all such embodiments, DNA is being used as a direct pharmaceutical agent.

12. Biological Functional Equivalents

As mentioned above, modification and changes may be made in the structure of an osteotropic gene and still obtain a functional molecule that encodes a protein or polypeptide with desirable characteristics. The following is a discussion based upon changing the amino acids of a protein to create an equivalent, or even an improved, second-generation molecule. The amino acid changes may be achieved by changing the codons of the DNA sequence, according to the following codon table:

Table 1

Amino Acids			Codons					
Alanine	Ala	A	GCA	GCC	GCG	GCU		
Cysteine	Cys	C	UGC	UGU				
Aspartic acid	Asp	D	GAC	GAU				
Glutamic acid	Glu	E	GAA	GAG				
Phenylalanine	Phe	F	UUC	UUU				
Glycine	Gly	G	GGA	GGC	GGG	GGU		
Histidine	His	H	CAC	CAU				
Isoleucine	Ile	I	AUA	AUC	AUU			
Lysine	Lys	K	AAA	AAG				
Leucine	Leu	L	UUA	UUG	CUA	CUC	CUG	CUU
Methionine	Met	M	AUG					
Asparagine	Asn	N	AAC	AAU				
Proline	Pro	P	CCA	CCC	CCG	CCU		
Glutamine	Gln	Q	CAA	CAG				
Arginine	Arg	R	AGA	AGG	CGA	CGC	CGG	CGU
Serine	Ser	S	AGC	AGU	UCA	UCC	UCG	UCU
Threonine	Thr	T	ACA	ACC	ACG	ACU		
Valine	Val	V	GUA	GUC	GUG	GUU		
Tryptophan	Trp	W	UGG					
Tyrosine	Tyr	Y	UAC	UAU				

For example, certain amino acids may be substituted for other amino acids in a protein structure without appreciable loss of interactive binding capacity with structures such as, for example, antigen-binding regions of antibodies or binding sites on substrate molecules. Since it is the interactive capacity and nature of a protein that defines that protein's biological functional activity, certain amino acid sequence substitutions can be made in a protein sequence, and, of course, its underlying DNA coding sequence, and nevertheless obtain a protein with like properties. It is thus contemplated by the inventors that various changes may be made in the DNA sequences of osteotropic genes without appreciable loss of their biological utility or activity.

In making such changes, the hydropathic index of amino acids may be considered. The importance of the hydropathic amino acid index in conferring interactive biologic function on a protein is generally understood in the art (Kyte and Doolittle, 1982, incorporate herein by reference). It is accepted that the relative hydropathic character of the amino acid contributes to the secondary structure of the resultant protein, which in turn defines the interaction of the protein with other molecules, for example, enzymes, substrates, receptors, DNA, antibodies, antigens, and the like.

Each amino acid has been assigned a hydropathic index on the basis of their hydrophobicity and charge characteristics (Kyte and Doolittle, 1982), these are: Isoleucine (+4.5); valine (+4.2); leucine (+3.8); phenylalanine (+2.8); cysteine/cystine (+2.5); methionine (+1.9); alanine (+1.8); glycine (-0.4); threonine (-0.7); serine (-0.8); tryptophan (-0.9); tyrosine (-1.3); proline (-1.6); histidine (-3.2); glutamate (-3.5); glutamine (-3.5); aspartate (-3.5); asparagine (-3.5); lysine (-3.9); and arginine (-4.5).

It is known in the art that certain amino acids may be substituted by other amino acids having a similar hydropathic index or score and still result in a protein with similar biological activity, *i.e.*, still obtain a biological functionally equivalent protein. In making such changes, the substitution of amino acids whose hydropathic indices are within ±2 is preferred, those which are within ±1 are particularly preferred, and those within ±0.5 are even more particularly preferred.

It is also understood in the art that the substitution of like amino acids can be made effectively on the basis of hydrophilicity. U.S. Patent 4,554,101, incorporated herein by reference, states that the

greatest local average hydrophilicity of a protein, as governed by the hydrophilicity of its adjacent amino acids, correlates with a biological property of the protein.

As detailed in U.S. Patent 4,554,101, the following hydrophilicity values have been assigned to amino acid residues: arginine (+3.0); lysine (+3.0); aspartate (+3.0 ± 1); glutamate (+3.0 ± 1); serine (+0.3); asparagine (+0.2); glutamine (+0.2); glycine (0); threonine (-0.4); proline (-0.5 ± 1); alanine (-0.5); histidine *-0.5); cysteine (-1.0); methionine (-1.3); valine (-1.5); leucine (-1.8); isoleucine (-1.8); tyrosine (-2.3); phenylalanine (-2.5); tryptophan (-3.4).

It is understood that an amino acid can be substituted for another having a similar hydrophilicity value and still obtain a biologically equivalent, and in particular, an immunologically equivalent protein. In such changes, the substitution of amino acids whose hydrophilicity values are within ±2 is preferred, those which are within ±1 are particularly preferred, and those within ±0.5 are even more particularly preferred.

As outlined above, amino acid substitutions are generally therefore based on the relative similarity of the amino acid side-chain substituents, for example, their hydrophobicity, hydrophilicity, charge, size, and the like. Exemplary substitutions which take various of the foregoing characteristics into consideration are well known to those of skill in the art and include: arginine and lysine; glutamate and aspartate; serine and threonine; glutamine and asparagine; and valine, leucine and isoleucine.

13. Site-Specific Mutagenesis

Site-specific mutagenesis is a technique useful in the preparation of individual peptides, or biologically functional equivalent proteins or peptides, through specific mutagenesis of the underlying DNA. The technique further provides a ready ability to prepare and test sequence variants, for example, incorporating one or more of the foregoing considerations, by introducing one or more nucleotide sequence changes into the DNA. Site-specific mutagenesis allows the production of mutants through the use of specific oligonucleotide sequences which encode the DNA sequence of the desired mutation, as well as a sufficient number of adjacent nucleotides, to provide a primer sequence of sufficient size and sequence complexity to form a stable duplex on both sides of the deletion junction being traversed. Typically, a primer of about 17 to 25 nucleotides in length is preferred, with about 5 to 10 residues on both sides of the junction of the sequence being altered.

In general, the technique of site-specific mutagenesis is well known in the art, as exemplified by various publications. As will be appreciated, the technique typically employs a phage vector which exists in both a single stranded and double stranded form. Typical vectors useful in site-directed mutagenesis include vectors such as the M13 phage. These phage are readily commercially available and their use is generally well known to those skilled in the art. Double stranded plasmids are also routinely employed in site directed mutagenesis which eliminates the step of transferring the gene of interest from a plasmid to a phage.

In general, site-directed mutagenesis in accordance herewith is performed by first obtaining a single-stranded vector or melting apart of two strands of a

double stranded vector which includes within its sequence a DNA sequence which encodes the desired osteotropic protein. An oligonucleotide primer bearing the desired mutated sequence is prepared, generally synthetically. This primer is then annealed with the single-stranded vector, and subjected to DNA polymerizing enzymes such as *E. coli* polymerase I Klenow fragment, in order to complete the synthesis of the mutation-bearing strand. Thus, a heteroduplex is formed wherein one strand encodes the original non-mutated sequence and the second strand bears the desired mutation. This heteroduplex vector is then used to transform appropriate cells, such as *E. coli* cells, and clones are selected which include recombinant vectors bearing the mutated sequence arrangement.

The preparation of sequence variants of the selected osteotropic gene using site-directed mutagenesis is provided as a means of producing potentially useful species and is not meant to be limiting as there are other ways in which sequence variants of osteotropic genes may be obtained. For example, recombinant vectors encoding the desired osteotropic gene may be treated with mutagenic agents, such as hydroxylamine, to obtain sequence variants.

14. Monoclonal Antibody Generation

Means for preparing and characterizing antibodies are well known in the art (See, *e.g.*, Antibodies: A Laboratory Manual, Cold Spring Harbor Laboratory, 1988; incorporated herein by reference).

The methods for generating monoclonal antibodies (MAbs) generally begin along the same lines as those for preparing polyclonal antibodies. Briefly, a polyclonal antibody is prepared by immunizing an animal with an immunogenic composition in accordance with the present invention and collecting antisera from that immunized animal. A wide range of animal species can be used for the production of antisera. Typically the animal used for production of anti-antisera is a rabbit, a mouse, a rat, a hamster, a guinea pig or a goat. Because of the relatively large blood volume of rabbits, a rabbit is a preferred choice for production of polyclonal antibodies.

As is well known in the art, a given composition may vary in its immunogenicity. It is often necessary therefore to boost the host immune system, as may be achieved by coupling a peptide or polypeptide immunogen to a carrier. Exemplary and preferred carriers are keyhole limpet hemocyanin (KLH) and bovine serum albumin (BSA). Other albumins such as ovalbumin, mouse serum albumin or rabbit serum albumin can also be used as carriers. Means for conjugating a polypeptide to a carrier protein are well known in the art and include glutaraldehyde, m-maleimidobencoyl-N-hydroxysuccinimide ester, carbodiimyde and bis-biazotized benzidine.

As is also well known in the art, the immunogenicity of a particular immunogen composition can be enhanced by the use of non-specific stimulators of the immune response, known as adjuvants. Exemplary and preferred

adjuvants include complete Freund's adjuvant (a non-specific stimulator of the immune response containing killed *Mycobacterium tuberculosis)*, incomplete Freund's adjuvants and aluminum hydroxide adjuvant.

The amount of immunogen composition used in the production of polyclonal antibodies varies upon the nature of the immunogen as well as the animal used for immunization. A variety of routes can be used to administer the immunogen (subcutaneous, intramuscular, intradermal, intravenous and intraperitoneal). The production of polyclonal antibodies may be monitored by sampling blood of the immunized animal at various points following immunization. A second, booster injection, may also be given. The process of boosting and titering is repeated until a suitable titer is achieved. When a desired level of immunogenicity is obtained, the immunized animal can be bled and the serum isolated and stored, and/or the animal can be used to generate MAbs.

MAbs may be readily prepared through use of well-known techniques, such as those exemplified in U.S. Patent 4,196,265, incorporated herein by reference. Typically, this technique involves immunizing a suitable animal with a selected immunogen composition, e.g., a purified or partially purified LTBP-3 protein, polypeptide or peptide. The immunizing composition is administered in a manner effective to stimulate antibody producing cells. Rodents such as mice and rats are preferred animals, however, the use of rabbit, sheep frog cells is also possible. The use of rats may provide certain advantages (Goding, 1986, pp. 60-61), but mice are preferred, with the BALB/c mouse being most preferred

as this is most routinely used and generally gives a higher percentage of stable fusions.

Following immunization, somatic cells with the potential for producing antibodies, specifically B lymphocytes (B cells), are selected for use in the MAb generating protocol. These cells may be obtained from biopsied spleens, tonsils or lymph nodes, or from a peripheral blood sample. Spleen cells and peripheral blood cells are preferred, the former because they are a rich source of antibody-producing cells that are in the dividing plasmablast stage, and the latter because peripheral blood is easily accessible. Often, a panel of animals will have been immunized and the spleen of animal with the highest antibody titer will be removed and the spleen lymphocytes obtained by homogenizing the spleen with a syringe. Typically, a spleen from an immunized mouse contains approximately 5 X 10^7 to 2 X 10^8 lymphocytes.

The antibody-producing B lymphocytes from the immunized animal are then fused with cells of an immortal myeloma cell, generally one of the same species as the animal that was immunized. Myeloma cell lines suited for use in hybridoma-producing fusion procedures preferably are non-antibody-producing, have high fusion efficiency, and enzyme deficiencies that render then incapable of growing in certain selective media which support the growth of only the desired fused cells (hybridomas).

Any one of a number of myeloma cells may be used, as are known to those of skill in the art (Goding, pp. 65-66, 1986; Campbell, pp. 75-83, 1984). For example, where the immunized animal is a mouse, one may use P3-X63/Ag8, X63-Ag8.653, NS1/1.Ag 4 1, Sp210-Ag14, FO, NSO/U, MPC-11, MPC11-X45-GTG 1.7 and S194/5XX0 Bul; for rats, one may use R210.RCY3, Y3-Ag 1.2.3, IR983F and

4B210; and U-266, GM1500-GRG2, LICR-LON-HMy2 and UC729-6 are all useful in connection with human cell fusions.

One preferred murine myeloma cell is the NS-1 myeloma cell line (also termed P3-NS-1-Ag4-1), which is readily available from the NIGMS Human Genetic Mutant Cell Repository by requesting cell line repository number GM3573. Another mouse myeloma cell line that may be used is the 8-azaguanine-resistant mouse murine myeloma SP2/0 non-producer cell line.

Methods for generating hybrids of antibody-producing spleen or lymph node cells and myeloma cells usually comprise mixing somatic cells with myeloma cells in a 2:1 proportion, though the proportion may vary from about 20:1 to about 1:1, respectively, in the presence of an agent or agents (chemical or electrical) that promote the fusion of cell membranes. Fusion methods using Sendai virus have been described by Kohler and Milstein (1975; 1976), and those using polyethylene glycol (PEG), such as 37% (v/v) PEG, by Gefter *et al.* (1977). The use of electrically induced fusion methods is also appropriate (Goding pp. 71-74, 1986).

Fusion procedures usually produce viable hybrids at low frequencies, about 1×10^{-6} to 1×10^{-8}. However, this does not pose a problem, as the viable, fused hybrids are differentiated from the parental, unfused cells (particularly the unfused myeloma cells that would normally continue to divide indefinitely) by culturing in a selective medium. The selective medium is generally one that contains an agent that blocks the *de novo* synthesis of nucleotides in the tissue culture media. Exemplary and preferred agents are aminopterin, methotrexate, and azaserine. Aminopterin and methotrexate block *de novo* synthesis of both purines and pyrimidines, whereas azaserine blocks only purine

synthesis. Where aminopterin or methotrexate is used, the media is supplemented with hypoxanthine and thymidine as a source of nucleotides (HAT medium). Where azaserine is used, the media is supplemented with hypoxanthine.

The preferred selection medium is HAT. Only cells capable of operating nucleotide salvage pathways are able to survive in HAT medium. The myeloma cells are defective in key enzymes of the salvage pathway, *e.g.*, hypoxanthine phosphoribosyl transferase (HPRT), and they cannot survive. The B cells can operate this pathway, but they have a limited life span in culture and generally die within about two weeks. Therefore, the only cells that can survive in the selective media are those hybrids formed from myeloma and B cells.

This culturing provides a population of hybridomas from which specific hybridomas are selected. Typically, selection of hybridomas is performed by culturing the cells by single-clone dilution in microtiter plates, followed by testing the individual clonal supernatants (after about two to three weeks) for the desired reactivity. The assay should be sensitive, simple and rapid, such as radioimmunoassays, enzyme immunoassays, cytotoxicity assays, plaque assays, dot immunobinding assays, and the like.

The selected hybridomas would then be serially diluted and cloned into individual antibody-producing cell lines, which clones can then be propagated indefinitely to provide MAbs. The cell lines may be exploited for MAb production in two basic ways. A sample of the hybridoma can be injected (often into the peritoneal cavity) into a histocompatible animal of the type that was used to provide the somatic and myeloma cells for the original fusion. The injected animal develops tumors secreting the specific monoclonal

antibody produced by the fused cell hybrid. The body fluids of the animal, such as serum or ascites fluid, can then be tapped to provide MAbs in high concentration. The individual cell lines could also be cultured *in vitro*, where the MAbs are naturally secreted into the culture medium from which they can be readily obtained in high concentrations. MAbs produced by either means may be further purified, if desired, using filtration, centrifugation and various chromatographic methods such as HPLC or affinity chromatography.

15. LTBP-3

Other aspects of the present invention concern isolated DNA segments and recombinant vectors encoding LTBP-3, and the creation and use of recombinant host cells through the application of DNA technology, that express LTBP-3 gene products. As such, the invention concerns DNA segment comprising an isolated gene that encodes a protein or peptide that includes an amino acid sequence essentially as set forth by a contiguous sequence from SEQ ID NO:3. These DNA segments are represented by those that include a nucleic acid sequence essentially as set forth by a contiguous sequence from SEQ ID NO:2 (FIG. 25). Compositions that include a purified protein that has an amino acid sequence essentially as set forth by the amino acid sequence of SEQ ID NO:3 (FIG. 26) are also encompassed by the invention.

The TGF-βs represent a family of structurally related molecules with diverse effects on mammalian cell shape, growth, and differentiation (Roberts and Sporn, 1990). Initially synthesized as a precursor consisting of an amino-terminal propeptide followed by mature TGF-β, two chains of nascent pro-TGF-β associate in most tissues to form a Mr ~106,000 inactive disulfide-bonded dimer.

Homodimers are most common, but heterodimers have also been described (Cheifetz *et al.*, 1987; Ogawa *et al.*, 1992). During biosynthesis the mature TGF-β dimer is cleaved from the propeptide dimer. TGF-β latency results in part from the non-covalent association of propeptide and mature TGF-β dimers (Pircher *et al.*, 1984, 1986; Wakefield *et al.*, 1987; Millan *et al.*, 1992; Miyazono and Heldin, 1989). Consequently, the propeptide dimer is often referred to as the latency associated protein (LAP), and LAP plus the disulfide-bonded TGF-β dimer are also known as the small latent complex. In the extracellular space small latent complexes must be dissociated to activate mature TGF-β. The mechanism of activation of the latent complex is thought to be one of the most important steps governing TGF-β effects (Lyons *et al.*, 1988; Antonelli-Orlidge *et al.*, 1989; Twardzik *et al.*, 1990; Sato *et al.*, 1993).

In certain lines of cultured cells small latent growth factor complexes may contain additional high molecular weight proteins. The best characterized of these high molecular weight proteins is the latent TGF-β binding protein, or LTBP (Miyazono *et al.*, 1988; Kanzaki *et al.*, 1990; Tsuji *et al.*, 1990; Olofsson *et al.*, 1992; Taketazu *et al.*, 1994). LTBP produced by different cell types is heterogeneous in size, perhaps because of alternative splicing or because of tissue-specific proteolytic processing (Miyazono *et al.*, 1988; Wakefield *et al.*, 1988; Kanzaki *et al.*, 1990; Tsuji *et al.*, 1990). Latent TGF-β complexes that contain LTBP are known as large latent complexes. LTBP has no known covalent linkage to mature TGF-β, but rather it is linked by a disulfide bond to LAP.